



Perch Form

Full Name: _____

Loft/Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Perch Fees

1-4 birds \$175 per bird

5 or more birds \$150 per bird

Note: \$50 of the perch fee will go to Second Wind prize fund

Number Of Birds	Band Number	Color
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

I certify that I have read and understand the Rules and Information of the California Classic and Optional races and will comply with those rules. I understand that failure to meet deadlines for entry fees and perch fees will result in forfeiture of any birds not paid in full by those dates. I understand that no prize awards of \$600 or more will be paid prior to receipt of a completed W-9 Form from the intended recipient.

Signature Owner/Entrant _____