



# Official Registration and Entry Form

Complete and fax this form with proof of payment to José Ledesma Batista on Fax: +34 922 169 058 (Int) or post to  
José Ledesma Batista - C. San Silvestre, 15 - C.P. 38627 - Ilanos de Guaza - Arona - Tenerife, Canary Islands - SPAIN  
Electronic transfer must be made to: José Ledesma Batista, Arona, Tenerife, Canary Islands.

Bank LA CAIXA CAJA DE AHORROS Y PENSIONES. City: BARCELONA.  
Account Number: 2100 4794 24 0200020238. IBAN ES29 2100 4794 2402 0002 0238 - Swift CAIXES BB XXX

PLEASE PRINT CLEARLY:

Shipper Name	<input type="text"/>	Account Number	AS <input type="text"/>
<small>(Leave blank if unknown)</small>			
Surname	<input type="text"/>	Initials	<input type="text"/>
Syndicate Name	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
MOBILE Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

## Banking Details

Account Holder	<input type="text"/>		
Bank Name	<input type="text"/>		
Branch	<input type="text"/>	Country	<input type="text"/>
Branch Code / ABA Number	<input type="text"/>		
Account Number	<input type="text"/>		
IBAN	<input type="text"/>	SWIFT No	<input type="text"/>

## Pigeon Details (Complete this section when sending Pigeons)

Pigeon	Office Use
Ring <input type="text"/>	<input type="text"/>
Name <input type="text"/>	<input type="text"/>
Pigeon	Office Use
Ring <input type="text"/>	<input type="text"/>
Name <input type="text"/>	<input type="text"/>
Pigeon	Office Use
Ring <input type="text"/>	<input type="text"/>
Name <input type="text"/>	<input type="text"/>
Pigeon	Office Use
Ring <input type="text"/>	<input type="text"/>
Name <input type="text"/>	<input type="text"/>
Pigeon	Office Use
Ring <input type="text"/>	<input type="text"/>
Name <input type="text"/>	<input type="text"/>

By my signature, I confirm I have read and understood the terms and conditions printed herein. I warrant that I am duly authorized to sign this agreement and bind myself/the syndicate to the terms and conditions herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Pedigree Information

Pigeons:

	<input type="text"/>	<input type="text"/>
Strain / Family	<input type="text"/>	
Sire	<input type="text"/>	
Dame	<input type="text"/>	
Strain Performance	<input type="text"/>	

Breeder	<input type="text"/>	Ring	<input type="text"/>
Strain / Family	<input type="text"/>		
Sire	<input type="text"/>		
Dame	<input type="text"/>		
Strain Performance	<input type="text"/>		

Breeder	<input type="text"/>	Ring	<input type="text"/>
Strain / Family	<input type="text"/>		
Sire	<input type="text"/>		
Dame	<input type="text"/>		
Strain Performance	<input type="text"/>		

Breeder	<input type="text"/>	Ring	<input type="text"/>
Strain / Family	<input type="text"/>		
Sire	<input type="text"/>		
Dame	<input type="text"/>		
Strain Performance	<input type="text"/>		

Breeder	<input type="text"/>	Ring	<input type="text"/>
Strain / Family	<input type="text"/>		
Sire	<input type="text"/>		
Dame	<input type="text"/>		
Strain Performance	<input type="text"/>		