SCOTTISH NATIONAL FLYING CLUB

RACE _____ Date _____

Official No. as on rule book _____ FEDERATION _____

If your birds **do not** require a duplicate rubber ring, please tick here ☐

EACH COMPETITOR IN THIS RACE, MUST FILL IN THIS ENTRY FORM AND TAKE TO MARKING
NOTE ! PLEASE CHECK RING NUMBER AND YEAR TO AVOID DISQUALIFICATION

COLOUR	SEX	FULL RING MARKS i.e. INITIAL, YEAR and NUMBER	RUBBER RING NUMBERS	BASKET No	GOLD CUP RACE YPRES HAFrench Rosebowl ONE LADIES NOM BIRD NOM
					LONGEST RACE TWO BIRD NOM
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

IF YOU HAVE MORE THAN 15 ENTRIES PLEASE USE A SECOND ENTRY FORM. DO NOT ENTER MORE THAN 15 BIRDS ON THIS FORM

I/We wish to enter the above birds in the SCOTTISH NATIONAL FLYING CLUB RACE from (shown at the top of this sheet) in accordance with the RULES and REGULATIONS, a copy of which I have received. I have read same and agree to be bound by them and the decision of the COMMITTEE with a right of appeal to the SCOTTISH HOMING UNION. I further declare that the above birds are my/our own property and are homing to my/our loft, also that they wear recognised UNION rings which are registered in my/our own name and correct address. (SEE RULE No 5 page 12 S.H.U. rules).

STATEMENT OF VACCINATION AGAINST PARAMYXO VIRUS

I/We certify that the birds shown on this entry sheet have been vaccinated in accordance with M.A.F.F. instructions. I/We also understand that birds may be taken from the baskets at the liberation point and have blood samples taken by M.A.F.F. Veterinary Officials, and due to any stress involved, such birds will not be liberated. I/We also agree that if requested, a vaccination certificate for any of the above birds shall be forwarded to the Secretary immediately, and in the event of tests being taken and vaccination proving to be absent, the owners of such birds will be sanctioned.

STATEMENT OF DRUG TESTING

I/We agree to accept that my/our birds may be selected for Drug Testing as per S.F.N.C Rules and Procedures as passed at 2007 AGM.

SIGNED _____ Owner /s

Members Name (Print)_____Address_____

_____ [Flying distance must be calculated by the S. H.U.]

Flying distance must be stated MILES _____ YARDS _____ S.H.U. Loft Registration Number_____

THIS FORM MUST BE FILLED UP IN INK : **APPROX. NUMBER OF BIRDS FOR NEXT RACE …………………..**

Feeding all S.N.F.C. races Sponsored by: *BAMFORDS*

TOP FLIGHT

| UNDER 18 TROPHY |
| 1st INLAND & Y/BIRD NATIONALS ONLY |
| ENTER D.O.B. |