

Scottish National Flying Club- Channel Race Entry Sheet

****PLEASE ENSURE YOU HAVE ATTACHED REQUIRED DOCUMENTATION****

RACE _____ Date _____

Official No - as on rule book _____ DEFRA CPH Number _____
(only required for channel racing)

If your birds **do not** require rubber rings, please tick this box.

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 against Newcastle Disease/Paramyxovirus but not against Avian Flu in accordance with Government instructions. I/We also understand that birds may be taken from the baskets at the liberation point and have blood samples taken by Qualified 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.

THIS FORM MUST BE FILLED UP IN INK SIGNED: _____ Owner /s

Members Name (Print) _____ Address _____

S.H.U. Loft Registration Number _____ Flying distance must be stated - MILES _____ YARDS _____
(flying distance must be calculated by SHU - from 2016 loft location MUST be plotted using GPS system approved by SHU)

Feeding for all S.N.F.C. Races sponsored by BAMFORDS TOP FLIGHT