



# REGISTRATION FORM SEASON 2024-2025

Name: ..... (Team name) \*

Teammate: ..... (Who you want to participate with) \*

Address: ..... (Country, City, Street) \*

Phone number: ..... \*

Email address: ..... \*

Agent name: ..... \*

Vaccination date: ...../...../.....

Date: .....

Signature: .....

# List of registered pigeons

1. Ring no.....
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