



# GCCFI SUPREME SHOW

Name \_\_\_\_\_

## 7th April 2019

*(Entries close 10th March 2019)*

### PEDIGREE SECTION



Please leave blank	NAME OF CAT	Breed No	Sex	DOB	Sire	Dam	Breeder	Open Class	Presentation class
	_____								
	Reg No: _____								
	_____								
	Reg No: _____								
	_____								
	Reg No: _____								

### HOUSEHOLD PET SECTION *Non Ped/Pedigree Pet*

Please leave blank	NAME OF CAT	Sex	Age	Colour	LH	SH	Class	Presentation class

Name.....

Address.....

Tel:.....

E Mail.....

\* Please include details of cats on exhibition.

\* Please include under 'name of cat' any GCCFI titles gained

**\* GCCFI titles in front of name; other (including GCCF) titles after name**

## **DECLARATION BY EXHIBITOR**

I/We am/are the registered owner(s) of the cats and/or kittens named on the accompanying entry form and I/we agree to be bound by and submit to the Constitution and Rules of the GCCFI presently in force and to any additional rules formulated specifically for this show, provided only that the latter do not conflict with the former.

No cat owned by me/us or living at the same address will be exhibited at or entered for any show or public exhibition within thirteen days prior to or following the date of this show.

In the event of ear-mite infestation being diagnosed in my/our cattery/household by a Veterinary Surgeon, no cat owned by me/us and/or living at the same address will attend any show until such time as all the cats owned by me/us and living at the same address have been examined by a Veterinary Surgeon and pronounced free from ear-mite infestation.

In the event of ringworm infection being diagnosed in my/our cattery/household by a Veterinary surgeon, I/we will inform the GCCFI Secretary and neither I/we nor any cat owned by me/us or living at the same address will attend any show until a Clearance Certificate, as required by the GCCFI, has been obtained.

In the event of any other infectious disease (with the exception of Feline Leukaemia Virus, Feline Immunodeficiency Virus and Feline Infectious Peritonitis) being diagnosed by a Veterinary Surgeon in my/our cattery/household, no cat owned by me/us or living at the same address will attend any show until one month after all the cats owned by me/us and/or living at the same address have been examined by a Veterinary Surgeon and pronounced free from any evidence of the disease in question.

I/We undertake not to show any cat giving a positive reaction to a blood test for Feline Leukaemia Virus or Feline Immunodeficiency Virus. (Council strongly recommends that all cats be tested regularly)

In the event of a death from Feline Infectious Peritonitis having occurred in my/our cattery/household within the past year or if there are strong indications that an FIP problem exists in my/our cattery/household, I/we agree that no cats/kittens owned by me/us or living at the same address will be exhibited at this show.

I/We agree to abide by any decision regarding rejection made by the Veterinary Surgeon,

To the best of my/our knowledge, the cat(s) entered for this show have not been subjected to any surgery to correct any defect listed in the GCCF Standard of Points.

I/We confirm that we have read, understand and agree to abide by the GCCFI rules as referred to in this schedule.

Signed (Registered owner/s).....Date.....

Signed (Parent or Guardian).....Date.....

## **ENTRY FEES**

*Includes 1pen, 1 admission ticket per exhibitor  
2 for joint exhibitors*

### **PEDIGREE**

#### **ADULT/NEUTER**

1<sup>st</sup> & 2<sup>nd</sup> Entries €30.00  
Subs Entries €25.00

### **KITTEN/NON PED/PEDIGREE PETS**

1<sup>st</sup> & 2<sup>nd</sup> Entries €25.00  
Subsequent Entries €20.00

PRESENTATION CLASS €5.00

Double Pens additional €10.00

#### **Extra admission**

With entries Adult €5.00  
Juniors/Seniors €3.00  
On Show Day Adult €6.00  
Juniors/Seniors €4.00

#### **EXHIBITON PENS**

(2ads or 3kits max) Double €25.00  
(1ad or 2kits max) Single €20.00

#### **ADVERTS, Full page only**

Exhibitors €15-00  
Trade €30.00  
Non Trade €20.00

#### **Donation**

**TOTAL** €

### **CLOSING DATE FOR ENTRY FORMS**

**10th March 2019**

**ALL ENTRY FORMS AND FEES TO  
SHOW MANAGER**

**Mrs V Brooks**

**The Rowan, Fairymount, Crettyard, Co Laois**

**Tel: 056 444 2356**

**Email: [showmanager@GCCFI.com](mailto:showmanager@GCCFI.com)**

**All cheques made payable to  
GCCFI** *If you wish to pay sterling,  
please contact Show Manager*

Please enter Email address or  
enclose SAE with your entry for  
confirmation of acceptance

*If you wish your address to be published in the  
catalogue please tick here*

*Exhibitors names and addresses are shared  
between Clubs affiliated to the GCCFI for the  
purpose of maintaining an up to date mailing  
list of exhibitors. If you wish to be included on  
this list please tick here*