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| ***Webinar WCF EMS Code & pedigrees*** | **Date:** |
| **Registration for following club:** | **Membership-number of club:** |
| **Email address:** | **Responsible person for application:** |

|  |  |  |
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| **Following persons will participate:** | | |
| ***Name*** | ***First name*** | ***Email address*** |
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**Contact person/mediator : Mrs. Beverly Elian**

***-Participation is only possible with complete data and after receipt of payment-***