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

|  |
| --- |
| **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-***