

2016 Wisconsin International Entry Form

One Exhibitor per Entry – Make Additional Copies if Needed – Include Health Forms with Entry

All Entries must be mailed in and postmarked by September 13th, 2016

Your Name _____ Business Name (optional) _____

Address _____

Email _____ Website (optional) _____

Main Phone () _____ Cell Phone (while at show) () _____

Check to exclude contact information from *Exhibitor's List* Premise ID (req. for WI residents) _____

Junior and Open Division on same form; check one per line. "Double" applies to all singles and males within trios on a line.

Division (√ one)	Size (√ one)	Breed and Variety/Color (√ variations if applicable to breed)	# Old Males	# Old Females	# Young Males	# Young Females	# Old Trios	# Young Trios	Special Cooping (√=Yes)
<input type="checkbox"/> Junior <input type="checkbox"/> Open	<input type="checkbox"/> Bantam <input type="checkbox"/> Standard	<input type="checkbox"/> Beard <input type="checkbox"/> Non-Beard <input type="checkbox"/> Single Comb <input type="checkbox"/> Rose Comb <input type="checkbox"/> Frizzle							<input type="checkbox"/> Double <input type="checkbox"/> Together
<input type="checkbox"/> Junior <input type="checkbox"/> Open	<input type="checkbox"/> Bantam <input type="checkbox"/> Standard	<input type="checkbox"/> Beard <input type="checkbox"/> Non-Beard <input type="checkbox"/> Single Comb <input type="checkbox"/> Rose Comb <input type="checkbox"/> Frizzle							<input type="checkbox"/> Double <input type="checkbox"/> Together
<input type="checkbox"/> Junior <input type="checkbox"/> Open	<input type="checkbox"/> Bantam <input type="checkbox"/> Standard	<input type="checkbox"/> Beard <input type="checkbox"/> Non-Beard <input type="checkbox"/> Single Comb <input type="checkbox"/> Rose Comb <input type="checkbox"/> Frizzle							<input type="checkbox"/> Double <input type="checkbox"/> Together
<input type="checkbox"/> Junior <input type="checkbox"/> Open	<input type="checkbox"/> Bantam <input type="checkbox"/> Standard	<input type="checkbox"/> Beard <input type="checkbox"/> Non-Beard <input type="checkbox"/> Single Comb <input type="checkbox"/> Rose Comb <input type="checkbox"/> Frizzle							<input type="checkbox"/> Double <input type="checkbox"/> Together
<input type="checkbox"/> Junior <input type="checkbox"/> Open	<input type="checkbox"/> Bantam <input type="checkbox"/> Standard	<input type="checkbox"/> Beard <input type="checkbox"/> Non-Beard <input type="checkbox"/> Single Comb <input type="checkbox"/> Rose Comb <input type="checkbox"/> Frizzle							<input type="checkbox"/> Double <input type="checkbox"/> Together
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<input type="checkbox"/> Junior <input type="checkbox"/> Open	<input type="checkbox"/> Bantam <input type="checkbox"/> Standard	<input type="checkbox"/> Beard <input type="checkbox"/> Non-Beard <input type="checkbox"/> Single Comb <input type="checkbox"/> Rose Comb <input type="checkbox"/> Frizzle							<input type="checkbox"/> Double <input type="checkbox"/> Together
Totals From Additional Entry Forms (if used)									
Grand Totals									

Column A B C D E F G

Total of Birds in Columns A, B, C and D _____ @ \$3.25/each = _____ (\$2.00/each for Spotlight Breeds)

Total of Trios in Columns E and F _____ @ \$9.75/each = _____

Total of Birds double cooped from Column G _____ @ \$3.25/each extra = _____

Optional, Number of Reserved Swap Cages _____ @ \$3.00/each = _____

Optional, Annual WIPC Membership—Jr. \$5.00, Single \$10.00, Family \$15.00 = _____

Total _____ (make check payable to WIPC)

Mail this completed entry form(s), check for total amount, and valid health papers for all birds to:

Steve Tone, WIPS Secretary, 105 W. Wilson St., Stoughton, WI 53589-1444

Questions? Email info@wisconsininternational.com, or leave message at (608) 371-WIPS for a callback