



Enviar Palomas a:

Liz Medel/ Coopa Derby
4844 N. 87th Lane
Phoenix, AZ 85037

CONTACTO PRINCIPAL:

TIPO DE REGISTRO: SOLITARIO SINDICATO

YA REGISTRADO EN WINCOMPANION: SÍ NO

NOMBRE DEL EQUIPO:

MIEMBROS DEL SINDICATO (SI CORRESPONDE):

TELÉFONO:

CORREO ELECTRÓNICO:

@GMAIL.COM @YAHOO.COM @OUTLOOK.COM
 @HOTMAIL.COM @ICLOUD.COM @MSN.COM

DIRECCIÓN:

CIUDAD:

ESTADO: _____ CÓDIGO POSTAL:

MÉTODO DE PAGO: ZELLE CHEQUE (CON PALOMAS)

TALLA DE CAMISETA : (OPCIONAL)

S M L XL 2XL 3XL

FECHA DE NACIMIENTO:

(OPCIONAL)

MES / DIA / AÑO

REGISTRO DE PALOMAS

	NÚMERO DE ANILLO	Color	¿Está vacunado?	FECHA APROXIMADA
1	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">ORG</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">AÑO</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">NUMERACION</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">CLUB</div> </div>		<input type="checkbox"/> PMV <input type="checkbox"/> PARATIFOIDES <input type="checkbox"/> POX <input type="checkbox"/> ROTA <input type="checkbox"/> No Vacuna	mes / día
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ONE LOFT RACE PHOENIX, AZ