

California State Race

Name: _____

Address: _____

Phone: _____

		Standard										Standard				WTA				
		10 for 1					40-30-20-10					WTA								
Breeder	Band #		5	10	25	50	100		5	10	25	50	100		10	25	50	100	Totals	
Totals																				

If sending by Mail Send to:

CSRPO c/o Mike Gonigan, 7861 S. Endow Rd. French Camp, CA 95231

_____ Check

_____ Cash

Total