



IHF QUADRUPLE WORLD CHAMPIONSHIP 2026 SLOVAKIA

REGISTRATION FORM - CATEGORY IGP3

IHF Country: _____

**E
N
T
R
Y
1**

Dog's name: _____ Birth date: _____

Microchip number: _____ Pedigree number: _____ Sex: Female Male

Handler's name: _____

Address: _____

Email: _____ Cell Phone: _____

Is the handler and owner the same person? Yes No (fill out owner information)

Owner's name: _____

Address: _____

Email: _____ Cell Phone: _____

**E
N
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R
Y
2**

Dog's name: _____ Birth date: _____

Microchip number: _____ Pedigree number: _____ Sex: Female Male

Handler's name: _____

Address: _____

Email: _____ Cell Phone: _____

Is the handler and owner the same person? Yes No (fill out owner information)

Owner's name: _____

Address: _____

Email: _____ Cell Phone: _____

**E
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R
Y
3**

Dog's name: _____ Birth date: _____

Microchip number: _____ Pedigree number: _____ Sex: Female Male

Handler's name: _____

Address: _____

Email: _____ Cell Phone: _____

Is the handler and owner the same person? Yes No (fill out owner information)

Owner's name: _____

Address: _____

Email: _____ Cell Phone: _____



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E Dog's name: _____ Birth date: _____

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5 Email: _____ Cell Phone: _____

I declare that all information provided in this document has been shared with the knowledge and consent of the registered applicants. I confirm that this list is accurate, complete and final.

Coordinator's name

Date