



# IHF QUADRUPLE WORLD CHAMPIONSHIP 2026 SLOVAKIA

**REGISTRATION FORM – CATEGORY OB3**

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  
T  
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  
N  
T  
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: \_\_\_\_\_



## IHF QUADRUPLE WORLD CHAMPIONSHIP 2026 SLOVAKIA

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**T** Handler's name: \_\_\_\_\_

**R** Address: \_\_\_\_\_

**Y** Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

**4** Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**E** Dog's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**N** Microchip number: \_\_\_\_\_ Pedigree number: \_\_\_\_\_ Sex:  Female  Male

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**R** Address: \_\_\_\_\_

**Y** Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

**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