



SHU  
YEARLING TROPHY  
**FRIENDSHIP CUP**  
(Outstanding Performance)

Loft No

Loft Name

Address

Post Code

Telephone No

Ring No

Colour

Sex                      Cock                       Hen

Race Point

Date of Race  /  /

No of Birds

Position

Distance

Velocity

Organisation

Any other relevant information

<b>Certified by Organisation/s</b>	
President	<input type="text"/> / <input type="text"/>
Secretary	<input type="text"/> / <input type="text"/>

*Please return completed form to SHU office*