



All Other Purebred (AOP) Insurance Form

This form is to be signed by all affected exhibitors, the Show Chairman and Show Secretary and MUST be returned to the CGS Office along with the Report of Awards by the Judge. Please ensure names are printed clearly.

Show

Name of Show _____ Date: _____

Affected Exhibitors

(Exhibitors in AOP class and exhibitors being added to class or exhibitors of breeds combining to form AOP class).

Exhibitor's Name: _____	Exhibitor's Signature: _____
Exhibitor's Name: _____	Exhibitor's Signature: _____
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Exhibitor's Name: _____	Exhibitor's Signature: _____
Exhibitor's Name: _____	Exhibitor's Signature: _____

Show Chairman

Name: _____ Signature: _____

Show Secretary

Name: _____ Signature: _____

By signing this AOP Insurance Form, the you acknowledge

Continue on a second page if required.

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