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.

Name of Show: _____ Date: _____

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

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

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

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

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

Show Chairman Name: _____ Signature: _____

Show Secretary Name: _____ Signature: _____

Continue on second page if required