

**LATVIJAS AITU UN GANU SUŅU AUDZĒTĀJU KLUBS** LATVIAN SHEEP AND CATTLE DOGS KENNEL CLUB

**SPECIALIZĒTĀ FCI 1. GRUPAS IZSTĀDE
SPECIALITY SHOW FOR I FCI GROUP
KORGIJU ŠĶIRNES SPECALIZĒTĀ IZSTĀDE
CORGIS SPECIALITY SHOW**

**November 30, 2019, Riga**

(Dino Zoo Pasaule, Krasta iela 52, Latgales priekšpilsēta, Rīga, LV-1003)

**LETTER OF GUARANTEE**

I**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(legibly full name, surname)

passport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,

place of residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(legibly full address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

undertake to pay the registration fee for my dog(s) in full at the entrance to LAGSAK speciality shows in Riga, or partly in the cases specified in the **LKF Regulations for dog shows** (dog’s death or illness etc., which should be confirmed by a veterinarian’s statement), in the amount of**\_\_\_\_\_\_\_\_\_\_\_** EUR, regardless of any circumstances. The payment is guaranteed even in the case of not coming to the dog show.

The dog for which the payment is being made:

(breed, name, pedigree N)

1………………………………………………………………………………………………………………

2………………………………………………………………………………………………………………

3………………………………………………………………………………………………………………

4………………………………………………………………………………………………………………

5………………………………………………………………………………………………………………

6………………………………………………………………………………………………………………

7………………………………………………………………………………………………………………

8………………………………………………………………………………………………………………

9………………………………………………………………………………………………………………

10……………………………………………………………………………………………………………..

\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Date) (Signature) (Print full name - obligatory)