



IMPORTANT DATES

FRIDAY - 25 APRIL
 Official Training
 Opening Ceremony

SATURDAY - 26 APRIL
 Start of competition
 Gala Dinner

SUNDAY - 27 APRIL
 End of competition
 Closing Ceremony

LOCATION



Campus Educatiu Tarragona
 Camí Canonges 2
 43006 Tarragona

More information
www.boxerespana.com



**ANMELDEFORMULAR / REGISTRATION FORM / FORMULAIRE D'INSCRIPTION
 (Wild Card) FOR WUBOX IGP 2025**

Registration for participants from a country, that is not affiliated with the WUBOX.

| | |
|-----------------------|--|
| Land / Country / Pays | |
|-----------------------|--|

| | | | |
|--|--|-----------|-----------|
| Meldestelle / Registration office / Bureau d'enregistrement | Karl Klingenbrunner WUBOX Responsible for utility dogs and judges Mail: boxerclub@chello.at | | |
| Registration for | FCI IGP 1 | FCI IGP 2 | FCI IGP 3 |

| | | | | | | | |
|---|-------------------------|---|--|--------------------|--|---------------------------|--|
| Name des Hundes Dog's full name nom du chien | Geschlecht / Sex / Sexe | | | Rüde / Male / Male | | Hündin / female / femelle | |
| Wurftag Date of birth ne le | | ZB.Nr. Pedigree registration nr. No. Pedigree | | | | | |
| Chip.Nr. Microchip Nr. No. de micropuce | | | | | | | |
| Ausbildungskennz. Working title Brevets obtenus | | | | | | | |
| Vater Sire Pere | | ZB.Nr. Pedigree registration nr. No. Pedigree | | | | | |
| Mutter Dam Mère | | ZB.Nr. Pedigree registration nr. No. Pedigree | | | | | |
| Züchter Breeder Eleveur | | | | | | | |



WUBOX
World
Union Boxer

WUBOX IGP
TARRAGONA 2025

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IN COLLABORATION WITH



| | | |
|---|--|--|
| Hundeführer / Handler / Conducteur | Herr / Mr. / M. <input type="checkbox"/> | Frau / Ms. / Mme. <input type="checkbox"/> |
| Familienname / Family name / Nom de famille | | |
| Vorname / First name / prénom | | |
| Straße / Street adress / adresse, rue | | |
| PLZ / ZIP code / code postal | | |
| Ort / City / localité | | |
| Land / Country / Pays | | |
| Telefon / Phone / téléphone | | |
| Mobiltelefon / Mobile number / mobile | | |
| E-Mail | | |

| | | |
|---|--|--|
| Besitzer / Owner / propriétaire | Herr / Mr. / M. <input type="checkbox"/> | Frau / Ms. / Mme. <input type="checkbox"/> |
| Familienname / Family name / Nom de famille | | |
| Vorname / First name / prénom | | |
| Straße / Street adress / adresse, rue | | |
| PLZ / ZIP code / code postal | | |
| Ort / City / localité | | |
| Land / Country / Pays | | |
| Telefon / Phone / téléphone | | |
| Mobiltelefon / Mobile number / mobile | | |
| E-Mail | | |

Please send the registration to the registration office by March 10, 2025 at the latest.