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| JMÉNO PSA A NÁZEV CHOV. STANICE: |
| PLEMENO: | ČÍSLO ZÁPISU ČMKU: |
| DATUM NAROZENÍ: | POHLAVÍ: |
| MAJITEL: |
| ADRESA: |
| TELEFON: | EMAIL: |

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| **DATUM** | **TYP VÝSTAVY** | **MÍSTO KONÁNÍ** | **OCENĚNÍ** | **ZÍSKANÉ BODY** |
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| **CELKEM:** |  |

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 Podpis žadatele