

ENTRY FORM -REGIONAL, FIELD DAY OR PREVIEW SHOW

Name of Show _____

Females

Name of heifer	Bred & Owned	AHA Jr. A.I.	Tattoo	Registration #	Birthdate	Name of Sire and Dam	Reg. Numbers
			RE:			Sire:	
			LE:			Dam:	
			RE:			Sire:	
			LE:			Dam:	
			RE:			Sire:	
			LE:			Dam:	
			RE:			Sire:	
			LE:			Dam:	
Cow-Calf Entry			Tattoo	Registration #	Cow's Birthdate	Sire & Birthdate of Calf	Sex of Calf
Name of Cow			RE:			Calf's Sire:	
			LE:			Calf Birthdate:	

Bulls & Steers

Name of Bull	Bred & Owned	AHA Jr. A.I.	Tattoo	Registration #	Birthdate	Name of Sire and Dam	Reg. Numbers
			RE:			Sire:	
			LE:			Dam:	
			RE:			Sire:	
			LE:			Dam:	

Name _____

Social Security # _____

Address _____

City, State, Zip _____

Phone _____ Age _____ Birthdate _____

No. Entries _____ x \$ _____ = _____

Late Fee _____ x \$ _____ = _____

Total = _____

Make check payable to sponsoring organization and return with form to appropriate address (entry contact person).

DO NOT SEND FEES OR FORM TO AHA!