Showmanship Class:\_\_\_\_\_

Exhibitor Number:

Please fill out all the information **completely** and **neatly** 

Name:	Grade Completed:	
Address:	City:	State:
Zip: Phone Numbe	er:	
Breed:	Heifers Only: Market Commercial Purebred DOB: Weight:	
Breed:	Heifers Only: Market Commercial Purebred DOB: Weight:	_
Breed:	Heifers Only: Market Commercial Purebred DOB: Weight:	_
Entry #4 <u>Circle:</u> <b>Steer</b> or <b>Heifer</b> Breed: Tattoo/Tag:	DOB:	-

Entry Fee: \$30/head x \_\_\_\_\_ animals entered=\_\_\_\_\_

Total Paid:

Check #:	Cash: