

**WESTERN REGIONAL JUNIOR ANGUS SHOW
RENO LIVESTOCK EVENTS CENTER – RENO, NEVADA – APRIL 23-24, 2010**

Make checks payable to American Angus Association.

OFFICIAL ENTRY FORM

ENTRY FEE: \$35 PER HEAD

ENTRY DEADLINE: MARCH 1, 2010

Exhibitor _____ Member Code _____ Birthdate _____

Street or Route _____

City, State, Zip _____ Telephone _____

Email Address _____ Mobile Phone _____

Office Use	Registration Number	Birth Date	Sex (B,H, S,C/C*)	Name of Animal	Tattoo	Registration Number of Dam

B = Registered Bred-and-Owned Bull H = Registered Angus Heifer S = Registered Angus Steer C/C = Cow-Calf Pairs

***If entering the calf from a cow-calf pair in its own class, you must list it separately and pay an additional entry fee for that animal. To be eligible for its own class, the calf must be born prior to January 1, 2010. FOR COW/CALF ENTRIES: Please provide all available information on the calf as well as the cow. If calf is not yet registered, or has not yet been born, please provide the sire's registration number. In the event the calf has not yet been born, please provide the expected calving date.**

I certify that I am the bonafide owner of the animal(s) named on this entry form and that the information listed above is true and accurate to the best of my knowledge. I further certify that I have maintained full possession of the animals listed in accordance with General Rules; Section I; Rule 4. I have read and understand all aforementioned rules and regulations as published in the entry information and conditions of this agreement. I certify the above information is true to the best of my knowledge and entries comply with all aforementioned rules and regulations.

To help with stall assignments please complete the following questions.

Will you be showing in the open show? _____

Our entries will be hauled by? _____

Will you need tack space? _____

Request entries to be stalled with? _____

Signed _____

Do you want pre-show publicity on your entries? YES _____ NO _____
If yes, please provide the following information on your local newspaper

(entry form **must be signed** for the entry application to be accepted)

NAME OF PAPER _____

Send entries & money to: American Angus Association
Junior Activities Dept.
3201 Frederick Avenue
St. Joseph, MO 64506-2997
(816) 383-5100

E-MAIL ADDRESS _____

My paper is published (check one)
 daily weekly bimonthly monthly

PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE

RAISING THE BAR - REGISTRATION FORM

Saturday, April 24, 2010
Grand Sierra Resort – Reno, Nevada

Raising the Bar - West will be at the Grand Sierra Resort in conjunction with the Western Regional Junior Angus Show. The state officer training is open to all junior members of the National Junior Angus Association, however the workshops and material presented is targeted toward state officers or the high school age. Junior members do not have to be exhibiting cattle at the show to participate in Raising the Bar. Supper will be served at the conference, and attendees will participate in ice breakers, team building activities, and workshops presented by the NJAA Board of Directors. To attend the conference please fill out the registration and medical release forms below and send to the American Angus Association Junior Activities Department, 3201 Frederick Ave., St. Joseph, MO 64506.

Name: _____ Age: _____ Member Code: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

MEDICAL RELEASE FORM

In the event of an emergency, I give my permission to allow medical attention administered to _____ without my notification.

Parent or Guardian

Date

In case of emergency please notify:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Cell: (____) _____
Home phone: (____) _____ Work: (____) _____

If not available please notify:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Cell: (____) _____
Home phone: (____) _____ Work: (____) _____

Is the participant allergic to any medication? _____

If yes, please list. _____

Does the participant have any existing medical conditions? _____

If yes, please list. _____

Is the participant currently taking any medications? _____

If yes, please list. _____

List any other existing condition(s), medical or otherwise, the staff should be aware of.