

**NORTHWEST REGIONAL PREVIEW SHOW  
CROOK COUNTY FAIRGROUNDS – PRINEVILLE, OR  
JUNE 24-26, 2010**

Make checks payable to American Angus Association.

**OFFICIAL ENTRY FORM**

**ENTRY FEE: \$30 PER HEAD**

**ENTRY DEADLINE: MAY 1, 2010**

Exhibitor \_\_\_\_\_ Member Code \_\_\_\_\_ Birthdate \_\_\_\_\_

Street or Route \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Office Use	Registration Number	Calving Date	Sex (C/C*, B, H, S)	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 on that animal.**

**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 as well.

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.

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

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

NAME OF PAPER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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

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

**PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE**

# 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: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

If not available please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.

\_\_\_\_\_