

**NORTHWEST REGIONAL PREVIEW SHOW
TWIN FALLS COUNTY FAIRGROUNDS – FILER, IDAHO
JUNE 14-16, 2012**

Make checks payable to American Angus Association.

OFFICIAL ENTRY FORM

ENTRY FEE: \$20 PER HEAD

ENTRY DEADLINE: MAY 1, 2012

Exhibitor _____ Member Code _____ Birthdate _____

Street or Route _____

City, State, Zip _____ Telephone _____

Email Address _____ Mobile Phone _____

Office Use	Registration Number	Birth 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 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.
