

EASTERN REGIONAL JUNIOR ANGUS SHOW
MARYLAND STATE FAIRGROUNDS – TIMONIUM, MD
JUNE 21-24, 2012

Make checks payable to American Angus Association.

ENTRY FEE: \$40 PER HEAD

ENTRY DEADLINE: MAY 15, 2012

OFFICIAL ENTRY FORM

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

C/C = Cow-Calf Pair

B = Registered Bred-and-Owned Bull

H = Registered Angus Heifer

S = Registered Angus Steer

***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. The calf must be born prior to January 1, 2012 to be in its own class.**

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)

T-Shirt: Size _____ Adult or youth (please circle)

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

MEAL INFORMATION

Number of people who will be attending the Eastern Regional Junior Angus Show
and partaking of the meals:

Breakfast _____ Lunch _____ Dinner _____

***Please complete only one form per family but include all family members, grandparents,
friends, fitters and other guests that may be with you at the show.**

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.
