

NATIONAL JUNIOR ANGUS SHOW
KENTUCKY EXPOSITION CENTER – LOUISVILLE, KY
JULY 15-21, 2012

Make checks payable to American Angus Association.

ENTRY FEE: \$45 PER HEAD
ENTRY DEADLINE: JUNE 1, 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	For Steers:* Carcass or On-Hoof

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

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. ****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. Only animals born prior to January 1, 2012 are eligible to compete in their own class.**

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.

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

Signed _____

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

T-Shirt Size _____ Adult or Youth (please circle)

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

Yes _____ No _____ Do you want to participate in the NJAS mentoring program?
 Please indicate which one: _____ Protégé (1st or 2nd year exhibitor) or _____ Mentor

PLEASE COMPLETE THE MEAL INFORMATION AND 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: _____ 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.

MEAL INFORMATION

Number of people who will be attending the NJAS 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.**