

EASTERN REGIONAL JUNIOR ANGUS SHOW
Allen County Fairgrounds – Lima, OH
JUNE 14-16, 2018

ENTRY FEE: \$50 PER HEAD
PGS FEE: \$50 PER HEAD
BEDDING FEE: \$30 PER HEAD
DEADLINE: MAY 1, 2018

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	Check to enter both PGS and ERJAS	Check to enter ERJAS only

***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, 2018 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)

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
 Events & Education Dept.
 3201 Frederick Avenue
 St. Joseph, MO 64506-2997
 (816) 383-5100

PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE and NJAA CODE OF CONDUCT (if not already done)

MEAL INFORMATION

Number of people who will be attending the Eastern Regional Show. Please complete only one form per family but include all family members, friends, fitters, and other guests that may be with you at the show.

_____ Number of people attending

NJAA MEDICAL RELEASE FORM

Please fill out ALL of the following information for the Association to have on hand in case of emergency.

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

Son or Daughter's Name

Parent or Guardian Signature

Date

In case of emergency, please notify:

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

If not available, please notify:

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

1. Is your son or daughter allergic to any medication? Yes No
If yes, please list: _____
2. Does your son or daughter have any food allergies? Yes No
If yes, please list: _____
3. Does your son or daughter have any existing medical conditions? Yes No
If yes, please list: _____
4. Is your son or daughter currently taking any medications? Yes No
If yes, please list: _____
5. Do you allow Association staff to give your child over-the-counter medication? Yes No
If yes, please list: _____
6. List any other existing condition(s), medical or otherwise, the staff should be aware of.

This form may be duplicated.