

## SHEEP REGISTRATION – MAY 6, 2017

**Information provided in the box below will be used for 2017 sale, promotion and publicity. Be sure information provided is accurate and printed clearly.**

Member Name \_\_\_\_\_ Male  Female

Member Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year (used to determine exhibitor eligibility)

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ I will accept text messages  Yes  No

Cell # \_\_\_\_\_ Cell Phone Provider (Company) \_\_\_\_\_

Family email address (not shared) \_\_\_\_\_

Text messages and email will be used sparingly to send project updates or reminders.

Parent/Guardian Name(s) (**SHOWN IN AUCTION BOOKLET**) \_\_\_\_\_

4-H Club, FFA Chapter, other organization \_\_\_\_\_

I AGREE TO FOLLOW ALL RULES ESTABLISHED BY THE LIVESTOCK SALE COMMITTEE AND TO SEND A "THANK YOU" NOTE TO THE PARTY THAT BUYS MY ANIMAL, IF IT MAKES THE SALE.

Member Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Premises I. D. # \_\_\_\_\_

	SHEEP #1	SHEEP #2	SHEEP #3	SHEEP #4
<b>BREED</b>	_____	_____	_____	_____
<b>BIRTH DATE</b>	_____	_____	_____	_____
<b>*HBR</b>	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

\*To qualify as HBR (Home Bred and Raised), the exhibitor or immediate family must have owned the dam of the animal entered at the time of breeding. The immediate family is defined as a brother, sister, parent/guardian or grandparent.

**Indicate both Country and State of Origin for each animal to meet State and Federal Regulations**

For example: USA, WI

\_\_\_\_\_ Country / State

\_\_\_\_\_ Country / State

\_\_\_\_\_ Country / State

\_\_\_\_\_ Country / State

**THIS SECTION TO BE FILLED OUT BY THE COMMITTEE**

<b>WEIGHT</b>	_____	_____	_____	_____
<b>SCRAPIE ID #</b>	_____	_____	_____	_____
<b>WCF #</b>	_____	_____	_____	_____
<b>OTHER ID #</b>	_____	_____	_____	_____

"An EEO/Affirmative Action employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IV and ADA requirements. Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. Please make such requests as early as possible by contacting the Washington County Office at 262-335-4477, in Wisconsin 1-800-616-0446 X4477, or Relay 711, so proper arrangements can be made."