ENTRY FORM

Mail Entries to: Melanie Bohren mel_coward@yahoo.com
8800 Quail Road
Longmont, Colorado 80503
303-776-5559

Date Received_____
(Secretary's use only)

TRI-COUNTY DAIRY GOAT CLUB DOUBLE DOE SHOW

CLASS: Combine Code: AOP, T, A, L, N, D, RG, with number from class schedule.

SHOW: A: Sat. Doe B: Sun. Doe

*Owner Name: 1._____ 2._____ 3._____

PLEASE LIST INDIVIDUAL NAME FOR EACH DIFFERENT OWNER ID # IN YOUR FAMILY

CLASS	SHOW A	SHOW B	NAME OF ANIMAL	REGISTRATION NUMBER	DATE OF BIRTH	OWNER
N5	X	X	EXAMPLE-Colorado Smiling Jane	N643120	3/06/04	1

GROUP CLASSES

CLASS	SHOW	NAME OF ANIMAL	SIRE OR DAM & REGISTRATION NUMBERS	OWNER ID CODE

	SATURDAY	+	SUNDAY	=	TOTAL		
No. of entries						X $ 7.00	$
No. of group classes						X $ 2.00	$
No. in Showmanship						X $ 2.00	$
Late Fee					Flat fee of $10.00		$
Total number of tack	& animal pens					X $6.00	$
Insurance fee							$ 10.00

Make check payable to **Tri-County Dairy Goat Club**. No Refunds **TOTAL AMOUNT ENCLOSED** $_____

Showmanship-Child's Name_____ Pee-Wee Junior Intermediate Senior Birthdate_____

Would you like your pens cleaned and refund given to a 4-H Club? Yes_____No_____.

Herd Name_____Telephone #_____

Exhibitor Name_____.

Address_____City_____State_____Zip_____

Email address:_____Can you bring extra goats to sanction?_____