

Mail Entries to:

Vicki Larson  
10447 County Road 70  
Windsor, Colorado 80550  
970-686-6672

ENTRY FORM

vicki@harmodyalpines.com

Date Received \_\_\_\_\_

(Secretary's use only)

TRI-COUNTY DAIRY GOAT CLUB DOUBLE DOE SHOW

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

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

\*Owner Name: 1. Peyton Manning 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

CLASS	SHOW		NAME OF ANIMAL	REGISTRATION NUMBER	DATE OF BIRTH	OWNER
	A	B				
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

	<u>SATURDAY</u>	+	<u>SUNDAY</u>	=	<u>TOTAL</u>		
No. of entries	_____		_____		_____	X \$ 6.00	\$ _____
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: \_\_\_\_\_