

ARBA National Open Show Entry Form

Entry Summary Sheet

Entry Deadline: Postmarked on or before May 10.

ARBA Member: _____ ARBA Number: _____

I have made _____ entry(ies) in the Heifer Show @ \$40/entry = \$ _____

I have made _____ entry(ies) in the Bull Show @ \$40/entry = \$ _____

Banquet Meal Tickets (age 12 yrs. and over) _____ @ \$25.00 each = \$ _____

(AJRBA Awards Banquet will begin at 7 pm)

TOTAL PAYMENT ENCLOSED \$ _____

*****PLEASE REMEMBER*****

Payment is due with registration. No billing to accounts is allowed. Payment can be made by Check, Credit Card, or Money Order.

Complete the form below if you wish to pay with a credit card:

Name on Card: _____ Card Type: _____

Credit Card Number: _____ Expiration Date: _____

NOTE: All payments made with credit cards will incur a \$10 convenience charge

ARBA National Open Show Entry Form

Animal Entry Form

Entry Fee \$40.00 per head, fee must be sent with entry forms

Please type and print. Make copies if necessary.

Mail completed form(s) to:

ARBA National Open Show, 3995 East Hwy 290, Dripping Springs, TX 78620

Name of Animal: _____

Animal's DOB: _____ Sex: _____ Reg#: _____

Owner's Name: _____ ARBA#: _____

Exhibitor's Name _____

Breeder: _____ City, State: _____

Name of Animal: _____

Animal's DOB: _____ Sex: _____ Reg#: _____

Owner's Name: _____ ARBA#: _____

Exhibitor's Name _____

Breeder: _____ City, State: _____

Name of Animal: _____

Animal's DOB: _____ Sex: _____ Reg#: _____

Owner's Name: _____ ARBA#: _____

Exhibitor's Name _____

Breeder: _____ City, State: _____

Name of Animal: _____

Animal's DOB: _____ Sex: _____ Reg#: _____

Owner's Name: _____ ARBA#: _____

Exhibitor's Name _____

Breeder: _____ City, State: _____

Name of Animal: _____

Animal's DOB: _____ Sex: _____ Reg#: _____

Owner's Name: _____ ARBA#: _____

Exhibitor's Name _____

Breeder: _____ City, State: _____