Non-Member #

Sr. Member #\_\_ Jr. Member #

## FINNSHEEP BREEDERS ASSOCIATION REGISTRATION APPLICATION

**Crossbred EWE** 

Phone: 785-456-8500 • PO Box 27 • Sedalia, MO 65302 • Email: asregistry@gmail.com

Directions: Complete steps 1-23 and mail to the above address. Payment must accompany form.

Detailed instructions are available online at www.finnsheep.org

1 Bred By: Address:	(Owner of Dam at Time of Mating)		2 OWNED BY: ADDRESS:	(Owner of Dam at Time of Birth)	
ST./RT./Box			ST./RT./Box		
City	ST	Zip	Сіту	ST	Zip
Phone	Email_		Phone	Email_	
*Color	· W=White: BI =Black: BR=Brow	vn: G=Grav: F=Fawn	**Marking: Pies	=Piebald: Bor=Badger: HST=He	ead Socks & Tail

ANIMALS TO BE REGISTERED					SIRE		DAM			TRANSFER			
Leave Blank For Office Use Only	3 Name of Animal Private Flock Tag	4 Birthdate	5 Litter Size	6 Color	7 Marking	8 Spotting	9 FBA Reg Number	10 Name of Animal Private Flock Tag	II FBA Reg Number	12 Name of Animal Private Flock Tag	13 Months Lambing Age	14 Date Sold, If Sold	15 To Whom & Address (Enclose Transfer Fee)
SAMPLE	HUBER 09-26	2-27-14	2	BL	S	PIE	82445	WILSON 50	82446	WILSON 51	22		

## **ATTENTION**

- Please sign as Dam or Sire Owner or Both
  - Please Check Work for Accuracy.
- After Completion, Please Keep a Copy of this Form in Your File

Payment Must Accompany
Registration

Refer to Fee Schedule for all Fees

16 SIGNATURE OF OWNER OF DAM (time of lambing)	Date
17 SIGNATURE OF OWNER OF RAM (time of mating)	Date

Applications completed by partnership must also bear signature of a person authorized to sign for account.

Signature above represents:

"The information here is correct to the best of my knowledge and belief"