**IMPORTANT**
1. Type or Print Legibly
2. Lambs are mature after 12 months
3. Proper fees must accompany all work.

# AMERICAN BORDER LEICESTER ASSOCIATION

*CARE OF ASSOCIATED SHEEP REGISTRIES*
15603 173RD AVE. • MILO, IA 50166 • 641-942-6402

***Entry Form***
*revised 2006*

**Senior Member #**_____
**Junior Member #**_____
**Non-Member #**_____

**BREEDER**
*(OWNER OF DAM AT TIME OF MATING)*_____
**ADDRESS**
*ST. BOX OR RT.*_____CITY_____ST_____ZIP_____
**OWNER**
*(OWNER OF DAM AT TIME OF BIRTH)*_____
**ADDRESS**
*ST. BOX OR RT.*_____CITY_____ST_____ZIP_____

| Leave Blank<br>For Office Use Only | 1<br>Name of Animal<br>Private Flock Tag or Tatoo number | 2<br>Sex<br>R or E | 3<br>Birth Type<br>Sg, Tw, Tr | 4<br>Birth Date<br>mm/dd/yy | 5<br>Color<br>B or W | 6 - Sire<br>Registration Number | 6 - Sire<br>Name, Private I.D. | 7 - Dam<br>Registration Number | 7 - Dam<br>Name, Private I.D. | 8 - Transfer<br>Date Sold | 8 - Transfer<br>If sold, To Whom & Address *(enclose transfer fee)* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sample | Huber 87-2 Sally | E | TW | 2-27-87 | B | 54312 | Wilson 50 Sg | 96199 | Huber 85-23Tw | | |
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**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

**DATE** _____

**DAYTIME TELEPHONE** _____
**EVENING TELEPHONE**_____
**FAX NUMBER**_____
**E-MAIL ADDRESS**_____

**SIGNATURE OF OWNER OF DAM** *(time of lambing)*_____

**SIGNATURE OF OWNER OF SIRE** *(time of mating)*_____

***APPLICATION OF PARTNERSHIP OR FIRMS MUST ALSO BEAR SIGNATURE OF A PERSON AUTHORIZED TO SIGN***

*The above is correct to the best of my knowledge and belief*