1

BRED BY:

Address:

ST./RT./Box

(Owner of Dam at Time of Mating)

## FINNSHEEP BREEDERS ASSOCIATION REGISTRATION APPLICATION

**Purebred EWE** 

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

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

Detailed instructions are available online at www.finnsheep.org

OWNED BY:

ST./RT./Box

Address:

Sr. Member #_		CITY					ST	7 <sub>10</sub>	)			City					ST	_Zip
Jr. Member #																		
Non-Member #	<u> </u>	PHONE				Ем.	AIL					PHONE			E	MAIL	·	
			*Co	lor: V	W=W	hite; BL=I	Black; BR=Brow	n; G	=Gra	y; F=	Fawn	**Marking: F	ie=P	iebald;	Bgr=	Badg	ger; HST=Hea	d, Socks & Tail
ANIMAL T	O BE REGISTER	ED				SIRE					DAM						TRANSFE	
Leave Blank For Office Use Only	<b>3</b> Name of Animal Private Flock Tag	<b>4</b> Birthdate	<b>5</b> Litter Size	6 * Color	<b>7</b> ** Marking	FBA Reg Number	9 Name Private Flock Tag	10 Litter Size	11 * Color	12 ** Marking	13 FBA Reg Number	14 Name Private Flock Tag	15 Litter Size	16 Age at Lambing in Months	<b>17</b> * Color	<b>18</b> ** Marking	19 Date Sold	<b>20</b> If Sold, To Whom & Address (Enclose Transfer Fee)
Sample	tluber 09-26	2-27-87	2	BL	Pie	82445	Wilson 50	2	G	Ba	82445	Wilson 50		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

21 SIGNATURE OF OWNER OF DAM (time of lambing)	Date
22 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.

(Owner of Dam at Time of Birth)

Signature above represents:

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