	FINNSHEEP BREEDERS ASSOCIATION REGISTRATION APPLICATION 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																	
4 Walt	1 BRED BY: (Owner of Dam at Time of Mating) ADDRESS: ST./RT./Box										2 OWNED BY: (Owner of Dam at Time of Birth) ADDRESS: ST./RT./BOX							
to to G																		
Sr. Member #																		
Jr. Member #	CitySTZip										CitySTZip							
Non-Member #		PHONEEMAIL										PHONEEMAIL						
		Black; BR=Brow	vn; G	=Gra	ay; F=		**Marking: Pie=Piebald; Bgr=Badger; HST=Head, Socks & Tail											
	O BE REGISTER	1	-			SIRE	0	10		10	DAM	1.0	115	1/		10	TRANSFEI	
Leave Blank For Office Use Only	<b>3</b> Name of Animal Private Flock Tag	<b>4</b> Birthdate	5 Litter Size	Color M	<b>7</b> ** Marking	<b>8</b> FBA Reg Number	<b>9</b> Name Private Flock Tag	Litter Size	* Color	12 ** Marking	<b>13</b> FBA Reg Number	r Private Flock Tag	15 Litter Size	16 Age at Lambing in Months	* Color	18 ** Marking	<b>19</b> Date Sold	<b>20</b> If Sold, To Whom & Address (Enclose Transfer Fee)
Sauple	tuber 09-26	2-27-87		1 1	1	82445	Wilson 50	1	1	1	82445	Wilson 50	2	22		Pie		
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• Please sign as Dam or Sire		23 Payment Must Accompany 22 23 23 23 23								OF DAM ( <i>t</i>	time of lambing)Date						Date	
Owner or Both			n	SIGNATU	22 SIGNATURE OF OWNER OF RAM (time of mating)									Date				
Please Check Work     for Accuracy.		Refe	hedule		Applications completed by partnership must also bear signature										authorized to sign for account.			
• After Completion, Please Keep a Copy of this Form in Your File			foi	r all ]	Fee	S	Update	Signature above re Updated 9-1-11 "The information here is correct to the l										eledge and belief"