## Sr. Member #

Jr. Member #\_\_\_\_\_ Non-Member #\_\_\_\_

## FINNSHEEP BREEDERS ASSOCIATION REGISTRATION APPLICATION

**Purebred RAM** 

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:			2 Owned By:		
Address: St./Rt./Box	(Owner of Dam at Time of Mating)		Address: St./Rt./Box	(Owner of Dam at Time of Birth)	
Сіту	ST	ZIP	CITY	ST	_Zip
PHONE	Email_		Phone	Email_	
	*C-1 WI-1 D11- D-	**************************************	*M - 1-: D - 1 C	D	

\*Color: White, Black, Brown, Grey, Fawn

\*\*Marking: Badgerface, Reverse Badgerface, Blue, Solid

\*\*\*Spotting: Piebald, Head Socks, & Tail

	Spotting. Fledard, flead Socks, & fair												
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		
							17						

## **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"