



Member # \_\_\_\_\_

Flock Prefix \_\_\_\_\_

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

# ST. CROIX HAIR SHEEP INTERNATIONAL ASSOCIATION REGISTRATION APPLICATION

## BREEDER

(Owner of Dam at Time of Mating) \_\_\_\_\_

## ADDRESS

ST. OR RT. \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## OWNER

(Owner of Dam at Time of Birth) \_\_\_\_\_

## ADDRESS

ST. OR RT. \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Leave Blank For Office Use Only	1 Flock Prefix Private Flock Tag or Tattoo Number	2 Ram/Ewe	3 Date of Birth	4 Birth Type Sg/Tw/Tr	Registration Number	5 - Sire Name Private Flock Tag	Registration Number	6 - Dam Name Private Flock Tag	Date of Sale	7 - Transfer If sold, To Whom & Address (enclose transfer fee)
Sample	HB 09-26	E	2-27-18	TW	508070	WF 50	96199	HB 85-23		

## ATTENTION

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

DATE \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

SIGNATURE OF OWNER OF DAM (time of lambing) \_\_\_\_\_

SIGNATURE OF OWNER OF RAM (time of mating) \_\_\_\_\_

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

*Signature above represents:*

Updated 10-23-24

***“The information here is correct to the best of my knowledge and belief”***