

ENTRY FORM

Exhibitor: _____
Farm name: _____
Address: _____
City/Town: _____ Province: _____
Postal Code: _____ Phone on show day: (____) _____

Showmanship Entries

NAME	DATE OF BIRTH	SHOWMANSHIP CLASS

Conformation Entries

CALF CLASS	CALF NAME	REGISTRATION #	DATE OF BIRTH	ENTRY FEE
TOTAL: \$				

Cash(preferably) or cheques (payable to Keystone Holstein Club) will be collected at the show.

*Scan and email entries to hyphen_speers@hotmail.com or mail to Jamie Donohoe Box 17
Brandon, MB R7A 5Y1 **Deadline: August 1, 2020***