

**MEAT PEN REGISTRATION FORM**

**POSTMARK DEADLINE: JULY 15**

**SEND TO: Barb Hillock  
2568 E. 11 Mile  
Dafer, MI 49724**

**AGES FOR SHOWING ARE  
6-19 as of January 1, of current year**

**circle one: chicken meat pen      turkey meat pen      rabbit meat pen**

Name of exhibitor: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #(last 4 digits) \_\_\_\_\_ Phone # \_\_\_\_\_

Birthdate; \_\_\_\_\_ Club name \_\_\_\_\_

e-mail address \_\_\_\_\_

I wish to complete a record book    yes \_\_\_\_\_    no \_\_\_\_\_

**Pen 1**

Breed of pen \_\_\_\_\_

Birthdate of pen \_\_\_\_\_

Purchased date of pen \_\_\_\_\_

Breeder's name \_\_\_\_\_

Breeder's address \_\_\_\_\_

**Pen 2**

Breed of pen \_\_\_\_\_

Birthdate of pen \_\_\_\_\_

Purchased date of pen \_\_\_\_\_

Breeder's name \_\_\_\_\_

Breeder's address \_\_\_\_\_

**MAKE COPIES AS NEEDED**