

**2017-2018 ICA OPEN HEIFER PROGRAM  
SPACE RESERVATION FORM**

Date Received: (For office use)

Please fill out completely as this will be the name and information listed in the catalogs.

CONSIGNOR: \_\_\_\_\_

FARM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ OFFICE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

**EXAMPLE:**

2  
1  
5

PB SIMMENTAL  
ANGUS-SIMMENTAL  
PRIVATE TEST - ANGUS

**#HEIFERS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BREED OR BREEDS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 or more head required per consignor for sale group (No minimum for private test)**

<b>TOTAL # HEIFERS</b>	_____ X
	<b>\$15.00 PER HEAD =</b>
<b>TOTAL AMOUNT DUE ICA</b>	\$ _____
	(Make check payable to ICA) _____ (Check #)

**Your 2018 ICA membership dues must be paid to participate in the ICA Heifer Evaluation Program. PLEASE ISSUE A SEPARATE CHECK FOR YOUR MEMBERSHIP.**

I want to assure press releases on the program are getting to the appropriate local papers. Please list your local paper in which you would like a release sent.

*Newspaper Name* \_\_\_\_\_ *City of Publication* \_\_\_\_\_

1. \_\_\_\_\_