

**2018-2019 ICA BULL EVALUATION 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: _____

LIMIT: 3 HEAD PER BREED PER CONSIGNOR PER TEST SITE

<u>TEST</u>	<u>#BULLS</u>	<u>BREED</u>	<u>SECOND CHOICE</u> (IF FIRST LOCATION IS FULL)
BLOOMFIELD TEST: (YEARLING BULLS)			
SALE – BLOOMFIELD	_____	_____	_____
3/18/2019	_____	_____	_____
FALL TEST:			
SALE – BLOOMFIELD	_____	_____	_____
3/18/2019	_____	_____	_____
DUNLAP TEST:			
SALE – DUNLAP	_____	_____	_____
3/29/2019	_____	_____	_____
KNOXVILLE TEST:			
SALE – KNOXVILLE	_____	_____	_____
5/3/2019	_____	_____	_____
PRIVATE:			
(OCTOBER 1 DELIVERY)	_____	_____	_____
(NOVEMBER 5 DELIVERY)	_____	_____	_____

TOTAL # BULLS	_____ head x	
	\$60.00 PER HEAD =	
TOTAL AMOUNT DUE ICA	\$ _____	_____
	(Make check payable to ICA)	(Check #)

Your 2019 ICA membership dues must be paid to participate in the ICA Bull Evaluation Program. PLEASE ISSUE A SEPARATE CHECK FOR \$125 FOR YOUR MEMBERSHIP.

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

Newspaper Name _____ *City of Publication* _____
 1. _____