

**2018-2019 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:

<u>2</u>	<u>PB SIMMENTAL</u>
<u>1</u>	<u>ANGUS-SIMMENTAL</u>
<u>5</u>	<u>PRIVATE TEST - ANGUS</u>

<u>#HEIFERS</u>	<u>BREED OR BREEDS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

TOTAL # HEIFERS	_____	X	
			\$15.00 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 Heifer 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 your local paper in which you would like a release sent.

Newspaper Name

City of Publication

1. _____