

**2017-2018 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)
<b>BLOOMFIELD TEST: (YEARLING BULLS)</b>			
SALE – BLOOMFIELD	_____	_____	_____
3/20/2017	_____	_____	_____
<b>FALL TEST:</b>			
SALE – BLOOMFIELD	_____	_____	_____
3/20/2017	_____	_____	_____
<b>DUNLAP TEST:</b>			
SALE – DUNLAP	_____	_____	_____
3/31/2017	_____	_____	_____
<b>KNOXVILLE TEST:</b>			
SALE – KNOXVILLE	_____	_____	_____
4/20/2017	_____	_____	_____
<b>PRIVATE:</b>			
(OCTOBER 9 DELIVERY)	_____	_____	_____
(NOVEMBER 6 DELIVERY)	_____	_____	_____

<b>TOTAL # BULLS</b>	_____ head x	
	<b>\$60.00 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 Bull 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 the name of your local paper in which you would like releases sent.

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