

2024 - 2025 ICA BULL EVALUATION PROGRAM SPACE RESERVATION FORM

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

CONSIGNOR:			
FARM NAME:			
ADDRESS:			
HOME:	ME: MOBILE:		
FAX:	OFFIC	E:	
		WEBSITE:	
LIMI	T: 3 HEAD PER BREED PER	CONSIGNOR PER TEST SITE	
TEST LOCATION Kirkwood: Fall Bulls Delivery: Septembe	; r 10 Sale: Tama, IA - 3/24/202	25	
# BULLS	BREED	SECOND CHOICE (If first location is full)	
Kirkwood: Yearlings Delivery: October 1			
# BULLS	BREED	SECOND CHOICE (If first location is full)	
Werner's: Delivery: October 3	0 Sale: Anita, IA - 4/7/2025		
# BULLS	BREED	SECOND CHOICE (If first location is full)	
PRIVATE		# BULLS BREED	
Kirkwood Private	Delivery: October 17		
Kirkwood Private I	Fall Delivery: October 17		
Werner's Private Fall Delivery: October 30			
TOTAL NUMBER	R OF HEAI Make all checks payable to IC	D X \$60 PER HEAD = \$ A: Check #	

Your 2025 ICA membership dues must be paid to participate in the ICA Bull Evaluation Program.

PLEASE ISSUE A SEPARATE CHECK FOR \$125 FOR YOUR MEMBERSHIP.

Date Received:	(For Office Use Only)
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