

**2019-2020 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>	<u>OLYMPIC GENETICS OR KIRKWOOD</u>
- _____	_____	
- _____	_____	
- _____	_____	
- _____	_____	
- _____	_____	

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

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

**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. \_\_\_\_\_