

**2017 REGISTRATION FORM  
NORTH AMERICAN INTERNATIONAL LIVESTOCK EXPOSITION**

\_\_\_\_ Youth Dairy Cattle Judging Contest; \_\_\_\_ 4-H; \_\_\_\_ FFA

\_\_\_\_ Senior College Dairy Cattle Judging Contest

\_\_\_\_ Two-Year College Dairy Cattle Judging Contest

STATE OR UNIVERSITY: \_\_\_\_\_ COACH'S NAME, CELL PHONE, AND EMAIL ADDRESS \_\_\_\_\_

( ) VISA ( ) MASTERCARD

Card Holder \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Code \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

TEAM NO. (Leave Blank) HOMETOWN	CONTESTANT NO (Leave Blank) STATE	TEAM MEMBERS (First Name, Last Name)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSON AUTHORIZING TEAM:**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**COACH:**

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**If you are a 4-H Team, please complete the following information.**

I verify that participants, employees, coaches, and volunteers from my LGU have a signed medical form with permission for medical treatment, a photo release and Code of Conduct, Medical/accident Insurance and Liability Coverage from the time of departure from my state until return. I also verify that my state has a Risk Management Plan for participants, and all coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by my LGU. I understand that employees, volunteers on management teams and/or individuals who work for the management team from my university will be functioning under the operating procedures, practices and scope of duties with oversight and risks associated with my LGU(Land Grant University).

\_\_\_\_\_  
State 4-H Program Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Team/Event Coordinator

\_\_\_\_\_  
Date

**An entry fee of \$75 per team should be mailed along with this form BY OCTOBER 1.**

**MAIL TO: NAILE PO BOX 37137, Louisville, KY 40233**

Signature \_\_\_\_\_

Check No. \_\_\_\_\_

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