



2020 HOOSIER BEEF CONGRESS

Presented by the Indiana Beef Cattle Association

Junior Show and Showmanship Entry Form

Event Dates: Friday, December 4 through Sunday, December 6, 2020



Participant Registration Information

Name : _____

Address : _____

City : _____ , Indiana Zip Code : _____

Phone Number : (_____) _____ - _____ Date of Birth : ____ / ____ / ____

Primary Contact Email Address : _____

Premise ID Number : _____ (Required to participate in this event)

You must be a current IBCA member to participate in this event

To view additional event information go to the official HBC website @ www.hoosierbeefcongress.com

Registration deadline at the regular entry fee is Sunday, November 1, 2020

All entries postmarked after November 1, 2020 will be required to pay the late entry fee per entry

Entry Fee Information

Junior show contest : ___ entries @ \$125 per entry (Late entry : \$200) \$ _____

Each entry fee includes one junior show entry, one stall with bedding, heated barn space and cleanup.

Showmanship contest : \$10 (Late entry : \$15) \$ _____

Event parking pass : ___ @ \$24 each \$ _____

A parking fee of \$8.00 is charged by the Indiana State Fairgrounds each time you enter the fairgrounds. This pass allows your vehicle to enter the fairgrounds as many times as you need during the 3 event dates.

Trailer Parking: There is no charge to park your trailer inside the fairgrounds property during the event.

Total entry fees and parking passes : \$ _____

Annual IBCA membership dues are \$75.00 per household This includes all persons living at the address listed on the membership

Annual IBCA membership dues : \$ _____

Total payment : \$ _____

NEW this year! If you are paying by credit/debit card you can register for the event online at the HBC website @ www.hoosierbeefcongress.com

A **3% service fee** will be added to the total charges placed onto your credit/debit card.

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Please provide the following information:

Card Number : _____

CVV Code : _____

Expiration Date : ____ / ____

Name on Card : _____

Please include the billing address of the credit/debit card IF it is different from the address on this entry form.

Contact the IBCA Office if you have questions or need any additional information
Monday through Friday - 8 am to 5 pm | Phone : (317) 293-2333

Mail this form along with your check or payment information to :

Indiana Beef Cattle Association
8425 Keystone Xing Ste 240
Indianapolis IN 46240-4323

OFFICE USE ONLY - PLEASE DO NOT WRITE HERE

QPD ____ / ____ of ____

CCN _____ J 201 _____

TPA _____ M 201 _____