



2017 HOOSIER BEEF CONGRESS

Presented by the Indiana Beef Cattle Association

Junior Show and Showmanship Entry Form

Event Dates: Friday, December 1 through Sunday, December 3, 2017



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 an 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 Wednesday, November 1, 2017

All entries postmarked after November 1, 2017 will be required to pay the late entry fee per entry

Entry Fee Information

Junior Show Contest : ____ entries @ \$100.00 per entry (Late Entry : \$200.00) \$ _____

Entry fee includes one stall inside heated barn space with bedding for each animal entered.

Showmanship Contest : \$10.00 (Late Entry : \$15.00) \$ _____

Event Parking Pass : ____ @ \$15.00 each \$ _____

This pass allows your vehicle to enter the fairgrounds as many times as you need during the event dates. (Please note: Your trailer may be parked on the fairgrounds property at no additional charge.)

Total Entry Fees and Parking Passes : \$ _____

IBCA Membership Dues : \$ _____

Total Payment : \$ _____

Annual IBCA Membership Dues are \$75.00 per Household. This includes all persons living at the address listed on the membership.

Contact the IBCA Office if you have questions or need any additional information
Monday through Friday - 8 am to 5 pm | Phone Toll Free : (800) 515-2333

If you are making payment by Credit/Debit Card please provide the following information:

Card Number : _____

CVV Code : _____

Expiration Date : ____ / ____

Name on Card : _____

(Please include the billing address of the Credit Card below if it is different from the address on this entry form)

OFFICE USE ONLY - PLEASE DO NOT WRITE HERE

QPD ____ / ____ | ____

CCN ____ JS 718 ____

TPA ____ M 718 ____

Mail this form along with your payment to :

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