

MARYLAND STATE HOLSTEIN SHOW ENTRY FORM

EXHIBITOR \_\_\_\_\_ JUNIOR \_\_\_\_\_ AGE as of January 1st \_\_\_\_\_

ADDRESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CLASS # \_\_\_\_\_ NAME \_\_\_\_\_ REG # \_\_\_\_\_ BORN \_\_\_\_\_

SIRE \_\_\_\_\_

DAM \_\_\_\_\_ BREEDER \_\_\_\_\_

CLASS # \_\_\_\_\_ NAME \_\_\_\_\_ REG # \_\_\_\_\_ BORN \_\_\_\_\_

SIRE \_\_\_\_\_

DAM \_\_\_\_\_ BREEDER \_\_\_\_\_

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SIRE \_\_\_\_\_

DAM \_\_\_\_\_ BREEDER \_\_\_\_\_

SEND ALL ENTRIES TO Parker Welch, 2424 McGinnes Road, Chestertown, MD 21620.  
Please copy this form as needed.