



FINNSHEEP BREEDERS ASSOCIATION REGISTRATION APPLICATION

Phone: 785-456-8500 • PO Box 231, 420A Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

Crossbred RAM

Directions: Complete steps 1-23 and mail to the above address. Payment must accompany form.
Detailed instructions are available online at www.finnsheep.org

1 BRED BY: _____
(Owner of Dam at Time of Mating)

ADDRESS:
ST./RT./BOX _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

2 OWNED BY: _____
(Owner of Dam at Time of Birth)

ADDRESS:
ST./RT./BOX _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

Sr. Member # _____
Jr. Member # _____
Non-Member # _____

*Color: W=White; BL=Black; BR=Brown; G=Gray; F=Fawn

**Marking: Pie=Piebald; Bgr=Badger; HST=Head, Socks & Tail

| ANIMAL TO BE REGISTERED | | SIRE | | | | | DAM | | | | | TRANSFER | | | | | | |
|---------------------------------|----------------------------------|-----------|-------------|---------|------------|----------------|------------------------|-------------|---------|------------|----------------|------------------------|-------------|--------------------------|---------|------------|-----------|---|
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| Leave Blank For Office Use Only | Name of Animal Private Flock Tag | Birthdate | Litter Size | * Color | ** Marking | FBA Reg Number | Name Private Flock Tag | Litter Size | * Color | ** Marking | FBA Reg Number | Name Private Flock Tag | Litter Size | Age at Lambing in Months | * Color | ** Marking | Date Sold | If Sold, To Whom & Address (Enclose Transfer Fee) |
| Sample | Huber 09-26 | 2-27-87 | 2 | BL | Pie | 82445 | Wilson 50 | 2 | G | Bgr | 82445 | Wilson 50 | 2 | 22 | BR | Pie | ----- | ----- |
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ATTENTION

- Please sign as Dam or Sire Owner or Both
- Please Check Work for Accuracy.
- After Completion, Please Keep a Copy of this Form in Your File

23 Payment Must Accompany Registration
Refer to Fee Schedule for all Fees

21 SIGNATURE OF OWNER OF DAM *(time of lambing)* _____ Date _____
22 SIGNATURE OF OWNER OF RAM *(time of mating)* _____ Date _____

Applications completed by partnership must also bear signature of a person authorized to sign for account.
Signature above represents:
“The information here is correct to the best of my knowledge and belief”