

CK#: _____ Date: _____ Amnt: _____ CK#: _____ Date: _____ Amnt: _____

Massey's Show Lamb Camp

J.B. Massey – 3711 Sun Valley Estates – Van Buren, AR 72956 – email: jb.massey@yahoo.com

2016 REGISTRATION/STUDENT APPLICATION FORM

Please Check: _____ Murfreesboro, TN (June 6-7) _____ Mulberry, AR (June 9-10)
_____ Washington, IA (June 13-14) _____ Adel, IA (June 16-17) _____ Brush, CO (June 20-21)
_____ Cheyenne, WY (June 23-24) _____ Wayne, NE (June 27-28)

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: (____) _____

Shirt Size (circle): YS YM YL S M L XL XXL Years of Lamb Showing Experience: _____

ENROLLMENT FEE: **\$225.00** (for those who pre-register) - **\$100.00** with application (non-refundable and non-transferable). Balance of **\$125.00** due upon arrival.

\$250.00 (for those who register at the door).

If you would like confirmation your application has been received, please send me an email to jb.massey@yahoo.com or boydrn@yahoo.com with the child's name.

****MAKE CHECK PAYABLE TO MASSEY'S SHOW LAMB CAMP****

Medical Authorization & Liability Release Form Must Be Completed!

MEDICAL AUTHORIZATION & LIABILITY RELEASE FORM

We, the parents of _____ give our permission to J.B. Massey to enter this individual at any hospital for any emergency treatment necessary.

We also release J.B. Massey or any Fairgrounds and their representatives from any and all liability which might occur from any illness, injury or accident.

Above mentioned individual is now taking the following medications:

Allergies to medication: _____

Parent or Guardian's Signature

Notary Public

Subscribed and sworn on this _____ day of _____, 20____. My commission Expires _____