

# Bryce Reese Memorial Swine Show



## Show Entry Form

One form per person unless showing more than 6

Exhibitor Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age as of 1-1-24: \_\_\_\_\_ DOB: \_\_\_\_\_

List breed to be shown:

1. \_\_\_\_\_ Ear Tag# \_\_\_\_\_

2. \_\_\_\_\_ Ear Tag# \_\_\_\_\_

3. \_\_\_\_\_ Ear Tag# \_\_\_\_\_

4. \_\_\_\_\_ Ear Tag# \_\_\_\_\_

5. \_\_\_\_\_ Ear Tag# \_\_\_\_\_

6. \_\_\_\_\_ Ear Tag# \_\_\_\_\_

Total number of animals \_\_\_\_\_ x \$20 Pre-entry/\$30 day of show

Total Due \$ \_\_\_\_\_ Make Checks payable to: **BRYCE REESE MEMORIAL** and mail  
entry form & payment to: Jill Reese, 525 N 160<sup>th</sup>, Girard KS, 66743 **Postmarked by June 7<sup>th</sup> 2024**