

**SOUTH TEXAS HEREFORD ASSOCIATION
CONSIGNOR ENTRY FORM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # () _____ Cell _____

E-MAIL: _____

Membership Fee: \$20.00 per year

I anticipate that I will need _____ pens for bulls. I anticipate that I will need _____ pens for heifers.

# of head	Category
	Hereford or Brahman Bull
	Hereford or Brahman female (open)
	Hereford or Brahman female (bred) Bull: _____ Months: _____
	Hereford or Brahman female (pairs)
	True F-1 female (open)
	True F-1 female (bred) Bull: _____ Months: _____
	True F-1 female (pairs)

Please return to:

South Texas Hereford Assn.
c/o Robbie Morish
7001 State Hwy 35 S
Port Lavaca, Texas 77979
361-920-0012 (cell)
Email: rmorish@gmail.com
www.southtexashereford.org