2019 REGISTRATION FORM 
NORTH AMERICAN INTERNATIONAL LIVESTOCK EXPOSITION

_____Youth Dairy Cattle Judging Contest; _____4-H; _____FFA

_____Senior College Dairy Cattle Judging Contest

_____Two-Year College Dairy Cattle Judging Contest

STATE OR UNIVERSITY: ____________________________

COACH’S NAME, CELL PHONE, AND EMAIL ADDRESS

__________________________________________________

TEAM NO. CONTESTANT NO TEAM MEMBERS
(Leave Blank) (Leave Blank) (First Name, Last Name)

HOMETOWN STATE
________________ ________________ ___________________________________________________ ______________________________ __________________

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PERSON AUTHORIZING TEAM:                                                                                             COACH:
SIGNATURE_____________________________________________    DATE_______________    SIGNATURE ________________________________________________

NAME__________________________________________________                                                  ADDRESS _________________________________________________

TITLE__________________________________________________                                                                     _________________________________________________

ADDRESS_______________________________________________                                                                     _________________________________________________

_______________________________________________                                                    PHONE ___________________________________________________

An entry fee of $100 per team should be mailed along with this form BY OCTOBER 1.
MAIL TO: NAILE PO BOX 37130, Louisville, KY 40233

Signature                                Check No.                               Page & Line No.

If you are a 4-H Team, please complete the following information.
I verify that participants, employees, coaches, and volunteers from my LGU have a signed medical form with permission for medical treatment, a photo release and Code of Conduct, Medical/accident Insurance and Liability Coverage from the time of departure from my state until return. I also verify that my state has a Risk Management Plan for participants, and all coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by my LGU. I understand that employees, volunteers on management teams and/or individuals who work for the management team from my university will be functioning under the operating procedures, practices and scope of duties with oversight and risks associated with my LGU(Land Grant University).