

National Dorper Youth Futurity Program Point Record Form

****All information must be completed, mailed or faxed to the ADSBS office within 30 days of the date of the show****

Exhibitor's Name: _____

Futurity Ewe's Flock Name & Number: _____

Futurity Ewe's Registration Number: _____

Name of Show: _____

City & State of Show: _____

Placement of Ewe: _____

Division: JUNIOR or OPEN

Number of Entries: _____

Date of the Show: _____

(Signature of Superintendent)

(Date)

****Please mail to the ADSBS Office, PO Box 259, Hallsville, MO 65255 or fax to (573) 696-2030****

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