



Member # _____

Flock Prefix _____

PO Box 231, 420A Lincoln
Wamego, KS 66547
Phone: 785-456-8500
Fax: 785-456-8599

ST. CROIX HAIR SHEEP INTERNATIONAL ASSOCIATION REGISTRATION APPLICATION

BREEDER
(Owner of Dam at Time of Mating) _____

ADDRESS
ST. OR RT. _____ CITY _____ ST _____ ZIP _____

OWNER
(Owner of Dam at Time of Birth) _____

ADDRESS
ST. OR RT. _____ CITY _____ ST _____ ZIP _____

Preserving Breed Standards since 1983

Leave Blank For Office Use Only	1 Flock Prefix Private Flock Tag or Tattoo Number	2 Ram/Ewe	3 Date of Birth	4 Birth Type Sg/Tw/Tr	5 - Sire		6 - Dam		Date of Sale	7 - Transfer If sold, To Whom & Address (enclose transfer fee)
					Registration Number	Name Private Flock Tag	Registration Number	Name Private Flock Tag		
Sample	HB 09-26	E	2-27-18	TW	508070	WF 50	96199	HB 85-23		

- ATTENTION**
- Please sign as Dam or Sire Owner or Both
 - Please Check Work for Accuracy
 - Proper Fees must accompany Work.
 - After Completion, Please Keep a Copy of this Form in Your File

DATE _____

DAYTIME PHONE _____

EVENING PHONE _____

FAX NUMBER _____

E-MAIL _____

SIGNATURE OF OWNER OF DAM (time of lambing) _____

SIGNATURE OF OWNER OF RAM (time of mating) _____

Applications completed by partnership must also bear signature of a person authorized to sign for account.

Signature above represents:
"The information here is correct to the best of my knowledge and belief"

Updated 2-24-20