

**Bluefaced Leicester Union of North America - BLU
APPLICATION FOR REGISTRATION OF BLUEFACED LEICESTER SHEEP**

Associated Sheep Registries • 15603 - 173rd Ave, Milo, IA 50166 • Telephone: 641-942-6402 • Fax: 641-942-6502

Date: _____

REGISTRAR: Please record the following described PUREBRED Bluefaced Leicester sheep:

Please print neatly or type. Use ink or typewriter to submit information - not a pencil.

| LEAVE BLANK | SEX | COLOR | BIRTH DATE and ORDER | NAME OF ANIMAL | SIRE NAME & BLU NUMBER | DAM NAME & BLU NUMBER | NAME & ADDRESS OF PRESENT OWNER |
|-------------|-----|-------|--|-------------------|---------------------------|--------------------------|------------------------------------|
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |
| | | | Date: S <input type="checkbox"/> Tw <input type="checkbox"/> Trp <input type="checkbox"/> | Name: Ear Tag: | Name: BLU #: | Name: BLU #: | |

| | | |
|--|---|--|
| <p>FEE SCHEDULE FOR REGISTRATIONS & TRANSFERS Lamb registered in the year of their birth: \$5.00/Member --- \$10.00/Non-Member Lamb or sheep registered after year of their birth: \$10.00/Member --- \$20.00/NonMember Transfer of Ownership: \$5.00/Member --- \$10.00/Non-Member Imported Semen Registration: \$5.00/Member --- \$10.00/Non-Member Questions? Call ASR at 641-942-6402</p> | <p align="center">Mail to: ASSOCIATED SHEEP REGISTRIES 15603 - 173rd Ave., Milo, IA 50166</p> <p align="center">Make all checks and money orders payable to: BLU</p> <p align="center">Kristen Barndt, BLU Secretary RR 3 Box 72, Kunkletown, PA 18058 Phone: 610-905-1136 Email: info@bflsheep.com www.bflsheep.com</p> | <p align="center"><i>I have checked all listings for accuracy. I hereby certify that the above information is correct.</i></p> <p>Breeder Signature: _____ Address: _____ _____ Zip: _____ Phone(s): _____ Email: _____</p> <p align="center">Photocopy this form before sending to ASR; it will not be returned.</p> |
|--|---|--|