

**North American International Livestock Exposition  
Dairy Judging Registration Form**

*Entry Fee: \$100 per Team to be mailed along with form by Oct. 10<sup>th</sup>  
Mail to: NAILE PO Box 37130, Louisville, KY 40233*

- \_\_\_\_ Youth Dairy Cattle Judging Contest  
    4-H \_\_\_\_ or FFA \_\_\_\_\_
- \_\_\_\_ Senior College Dairy Cattle Judging Contest
- \_\_\_\_ Two-Year College Dairy Cattle Judging Contest

State or University: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Team # (Leave Blank) \_\_\_\_\_

Contestant # (Leave Blank)	Team Members (First Name, Last Name)	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person Authorizing Team:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you are a 4-H Team, please complete the following information.

I verify that participants, employees, coaches, and volunteers from my LGU have 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).

\_\_\_\_\_  
State 4-H Program Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Team/Event Coordinator

\_\_\_\_\_  
Date