

SHOW: _____

AOA Alpaca Fleece Show Entry Tag

BREED: H (or) S (circle one)

Entry Number

Placing

Age Division (Circle One): A B C D or E

Color Group or Color Code: _____

MM DD YY

Alpaca's Date of Birth: ___/___/___

Date of this Shearing: ___/___/___

Date of last Shearing: ___/___/___

Growth Time (between Shearings): _____ Days

Alpaca's Age (at time of THIS Shearing): _____ Months

FLEECE SHOW CLERK MUST COMPLETE

Fleece Weight: Pounds _____ (to 1/100th)

Annualized Weight: Pounds _____ (to 1/10th)

-----SHOW MANAGEMENT - CUT HERE -----

Exhibitor Information

ARI Reg. #: _____

Entry Number

Alpaca Name: _____

Farm: _____

Address: _____

-----SHOW MANAGEMENT - CUT HERE -----

PICK UP RECEIPT (Surrender to Fleece Show Clerk)

Fleece Color: _____

Entry Number

(Printed Name of Person Collecting Fleece)

Signature (I am the owner, or have been authorized by the owner, to pick up this fleece.)

SHOW: _____

AOA Alpaca Fleece Show Entry Tag

BREED: H (or) S (circle one)

Entry Number

Placing

Age Division (Circle One): A B C D or E

Color Group or Color Code: _____

MM DD YY

Alpaca's Date of Birth: ___/___/___

Date of this Shearing: ___/___/___

Date of last Shearing: ___/___/___

Growth Time (between Shearings): _____ Days

Alpaca's Age (at time of THIS Shearing): _____ Months

FLEECE SHOW CLERK MUST COMPLETE

Fleece Weight: Pounds _____ (to 1/100th)

Annualized Weight: Pounds _____ (to 1/10th)

-----SHOW MANAGEMENT - CUT HERE -----

Exhibitor Information

ARI Reg. #: _____

Entry Number

Alpaca Name: _____

Farm: _____

Address: _____

-----SHOW MANAGEMENT - CUT HERE -----

PICK UP RECEIPT (Surrender to Fleece Show Clerk)

Fleece Color: _____

Entry Number

(Printed Name of Person Collecting Fleece)

Signature (I am the owner, or have been authorized by the owner, to pick up this fleece.)

SHOW: _____

AOA Alpaca Fleece Show Entry Tag

BREED: H (or) S (circle one)

Entry Number

Placing

Age Division (Circle One): A B C D or E

Color Group or Color Code: _____

MM DD YY

Alpaca's Date of Birth: ___/___/___

Date of this Shearing: ___/___/___

Date of last Shearing: ___/___/___

Growth Time (between Shearings): _____ Days

Alpaca's Age (at time of THIS Shearing): _____ Months

FLEECE SHOW CLERK MUST COMPLETE

Fleece Weight: Pounds _____ (to 1/100th)

Annualized Weight: Pounds _____ (to 1/10th)

-----SHOW MANAGEMENT - CUT HERE -----

Exhibitor Information

ARI Reg. #: _____

Entry Number

Alpaca Name: _____

Farm: _____

Address: _____

-----SHOW MANAGEMENT - CUT HERE -----

PICK UP RECEIPT (Surrender to Fleece Show Clerk)

Fleece Color: _____

Entry Number

(Printed Name of Person Collecting Fleece)

Signature (I am the owner, or have been authorized by the owner, to pick up this fleece.)