

DP Sales Management/OSA

Mail and make checks to:

Ohio Simmental Association 11203 Mullinix Rd West Salem OH 44287

Ohio Beef Expo Simmental Nomination Form

Use one form per animal **\$100 Entry Fee Must accompany form**

Consignor: _____ ASA# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile _____

Email Address _____

Partner Information (If Applicable)

Consignor: _____ ASA# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile _____

Email Address _____ Percent of Check partner receives _____

If no percent provided it will not be considered a partner animal

Animal Name _____ Tattoo _____

ASA# _____

Color: ___ Black ___ Red _____ Other

DOB _____

HP Status _____ Horned _____ Polled _____ Scurred

Pedigree

Sire Name _____

Sire ASA# _____

Dam Name _____

Dam ASA# _____

Type (Choose One)

___ Bull ___ Bred Female ___ Open Female ___ Pair ___ 3-N-1 ___ Embryo ___ Flush ___ Pregnancy ___ Semen

Weights

BW _____ Actual _____ Adjusted
(205) WW _____ Actual _____ Adjusted
(365) YW _____ Actual _____ Adjusted

Breeding Information - Female Sells

___ Open ___ Exposed _____ Safe In Calf
Due date: _____

A. I. Breeding Information

AI Sire _____

ASA# _____

Service Date _____

Pasture Exposed information I dates

Nat Service Sire _____

ASA# _____

In date: _____

Out date: _____

Service Date _____

Calf At Side

DOB _____

Sex _____

BW _____

Tattoo _____

Sire of Calf _____

ASA# _____

Comment / Footnote