



Junior Program Showmanship Report

Junior Name: _____ Date of Birth: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Email: _____

_____ I participated in the Showmanship Competition at

Name of Show: _____

Date of Show: _____

Signature of Showmanship Judge or Show Secretary:

Mail form to: ASBC P. O. Box 1162, Chatsworth, GA. 30705

or Email to: admin@americansilkiebantmclub.org

Area below is for Point's Secretary only. Please do not mark below this line

Applied to points: _____ Y _____ N _____ Date: _____