

**BANNER SALE MANAGEMENT  
CONSIGNOR  
INFORMATION SHEET**

BSMS Use Only
Date Rec'd _____
# Head _____
Entry Due _____
Entry Paid _____
_____

**SALE: NATIONAL KATAHDIN SALE**

**DATE: JULY 20-21, 2018**

**LOCATION: FISHERSVILLE, VA**

**ENTRY FEE: \$30 PER HEAD**

**ENTRY DEADLINE: MAY 25, 2018**

*(SEE LATE ENTRY POLICY)*

This information will be printed in the sale catalog.  
Please print all information and be sure it is correct and complete.  
**USE A SEPARATE FORM FOR EACH CONSIGNOR.**

Flock Name: \_\_\_\_\_ Consignor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

If person to receive payment is different than the consignor name please complete:

Payee Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

All entry fees are due at the time entries are made and are nonrefundable. Entries must be paid in U.S. funds.

Number Head Entered \_\_\_\_\_ x \$30 = \_\_\_\_\_ (Amount Due)

Check Enclosed     VISA     MasterCard     Discover     American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Last 3 Digits in Signature Box: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

I have read and agree to the conditions of the National Katahdin Sale.

Consignor Signature: \_\_\_\_\_

Both Consignor Information Sheet and Sale Entry Form must be submitted together.

Sale entries are accepted by using ONE of the following methods:

- US Postal Service: P.O. Box 500, Cuba, IL 61427
- Fax: 309/785-5050
- Online Entries Available at [www.bannersheepmagazine.com](http://www.bannersheepmagazine.com)

Banner Sale Management Service is not responsible for entries not received.

Banner Sale Management Service reserves the right to refuse any entries submitted.

Please use only ONE of the above methods when submitting your entries.

**BANNER SALE MANAGEMENT SERVICE**

P.O. Box 500

Cuba, Illinois 61427

Phone: 309/785-5058

Fax: 309/785-5050