

SHOW-RITE® and F-R-M Pig & Goat Clinic Registration Card

Name: _____ Age: _____

Address: _____

City: _____ State: _____

School: _____

Parent/Advisor/Leader: _____

Circle Specie

Pigs

Goats

Please send checks for \$25.00 by June 10th for guaranteed availability!

Mail this form and check to:

F-R-M Feeds

Attn: Laura Manley

P.O. Box 280

Bainbridge, GA 31819

Office: 229-243-5254