

Registration Form

University of Missouri Livestock and Meats Judging Camp



Name: _____ Male Female

Mailing Address: _____ Age: _____

City/State/Zip: _____ Phone Number: _____

Email Address: _____ Adult T-shirt Size: _____

Judging Experience Level: Experienced (4+ years) Intermediate (2-4 years) Novice (<2 year)

Name of Emergency Contact: _____

Phone Number of Emergency Contact: _____

Please check which camp you would like to attend:

_____ Livestock Judging Camp (June 3rd-5th; \$200)

_____ Meats Judging Camp (June 5th-7th; \$200)

_____ Both (\$350)

*If possible, who would you like to room with? _____

Please list any food allergens or restrictions: _____

Please mail registration forms and payment to:

Dr. Bryon Wiegand
Animal Science Research Center
920 East Campus Drive 111
Columbia, MO 65211
Phone Number: 573-819-7598

Registration must be postmarked no later than May 25, 2019

* Rooming preferences will be considered but not guaranteed