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