	Consigner Name :						E-Mail:		
	Farm Name:	" m							
	Address:								
	Phone: Home	Cell			Premises ID#				
	Tag # (This # must match the animal's ear tag at the sale)	Sex	Breed	Reg/ Com	Birthdate month/day/year	Bred/ Exposed/ Open	Geno- type	Other Information	
1									
2					1				
3			7						
4									
5									
	Total Head x \$2	uly 15 2025) =	\$	Consignment Fee			Number of Animals Pens Needed		
į	Make Check Payable to: Munfordville Sheep Sale  Mail to: Randy Hancock, PO Box 304 Noble, IL 62868								
		Consignments Due by July 15 NO LATE CONSIGNMENTS / CONSIGNMENT FEES NONREFUNDABLE							
	****NO SUBSTITUTIO	****NO SUBSTITUTIONS ACCEPTED***							

There will be \$.005% deduction on all Sale proceeds for the Kentucky Sheep Check-off Program.