FACTS TOUR PARTICIPATION FORM

April 15-18, 2004

(Please print or type. Separate form needed for each person.)

Name: __________________________________________
(for nametag)

Address:__________________________________________

City/State/Zip:____________________________________

Phone:_____________ (Day) _______________ (Evening)

County:______________

FACTS Participant_______ (Yes) _________ (No)
(Have cattle in Kansas)

Hotel Rooms are double occupancy.
Name of person you wish to room with during this trip:____________

Emergency Contact Person:
Name: ___________________________ Phone:____________
Relationship:_______________________

Have you been out of the country within the last year?______________
If so, when and where?_______________________________________

______________________________________________
(Information required for bio-security purposes)

Amount of Payment due: ________________
Please make checks payable to the KENTUCKY CATTLEMEN’S
ASSOCIATION. Please return money and this form to the KCA office no
later than March 12th. KCA, 176 Pasadena Drive, Lexington, KY 40503.

Signature: ____________________________________________