## Request for Alternate Leadsperson Form



Alternate leadsperson forms must be emailed to registrations@milkingshorthorn.com or hand delivered by five o'clock (5 p.m.) the day before the show. Requests must be submitted by this time or the animal is ineligible to show, unless there is an unforeseen circumstance. Alternate Leadsperson must be a National Milking Shorthorn Junior member, who is the same age or younger or up to three years older than the owner or who is a sibling (full, half, step, foster) of the owner. All Alternate Leadspersons must meet the junior age requirements of a minimum of nine years old but not have reached their 21st birthday by January 1st in the year competing.

| Full Name of Junior Exhibitor Requesting Alternate Leadsperson  |                        | Date of Birth      |
|---|------------------------|--------------------|
| Complete Mailing Address  |                        |                    |
| Area Code/Phone Number  | Email Address          |                    |
| Full Name of Alternate Leadsperson (One alternate per form.)  | Age as of January 1st  | Date of Birth      |
| Is Alternate Leadsperson a sibling to the Junior Exhibitor? Yes   | No                     |                    |
| Phone Number at Show  | City/State             |                    |
| Name of Show  |                        |                    |
| Animal Name & Registration Number (List all animals that Alternate  | Leadsperson will show) |                    |
| Class Animal Exhibits In  |                        |                    |
| Reason for Alternate Leadsperson Request:   |                        |                    |
| I have read and will be abide by The National Milking Shorthorn Juni comply with these rules will result in disqualification(s) and loss of pre |                        | nd that failure to |
| Signature of Junior Member Requesting Alternate Leadsperson or Pa   |                        | Date               |
| Approved Denied   |                        |                    |
| Signed:   | Date:                  |                    |
| AMSS Executive Secretary or AMSS National   | Show Representative    |                    |