

2010 IBA Points Program Sanctioning Form



Show Name: _____ Show Location: _____

Show Date: ___/___/___ Fairgrounds Address: _____

Show Superintendent: _____ Phone Number: _____

Address: _____ E-mail/Cell Phone: _____

Key Show Contact: _____ Phone Number: _____

Address: _____ E-mail/Cell Phone: _____

Please return this completed form, along with \$125 payment, to Cimeron Frost, Illinois Beef Association. 2060 W. Iles Ave., Suite B, Springfield, IL 62704

