

Please return this form along with your payment to Audra Scheel.
Beef Show : \$100

Name of Show:

Date of Show: _____ Time of Show: _____

Contact Person: _____

Address: _____ City: _____, SD, Zip _____

Phone: _____

Email: _____

Web URL: (if you have one)

Make Check Payable to SDJPS

Payment Enclosed?

Check #: _____

Please list any other information that Audra may need for publicity purposes:

Please return to:

Audra Scheel

Box 165

Belvidere, SD 57521