



# 2012 FOREST CITY YEARLING SALE ENTRY FORM

## OCTOBER 13 & 14, 2012

ATTN: KRISTINA WILCOX  
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Windsor, ON N9B 3C6  
(519) 319-0650 Fax (519) 915-8154

Owner Name \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

LOCATION OF EACH YEARLING FOR INSPECTION \_\_\_\_\_  
(FARM) (ADDRESS)

(ADDITIONAL DIRECTIONS)

CONTACT INDIVIDUAL \_\_\_\_\_ Phone # \_\_\_\_\_

NAME OF YEARLING	Foal Date	COLOR/SEX	TATTOO	SIRE	DAM

\_\_\_\_\_  
(Signature of person making entry)

\_\_\_\_\_  
Date