

North American Intercollegiate Dairy Challenge – Midwest Regional Hosted by the Ohio State University February 11 - 13, 2010 — Wooster, Ohio

Contest Information: Ryan Millett, Elanco Animal Health, PH: 317/277-5401, millett_ryan_patrick@lilly.com

John Goeser, Vita Plus, PH: 608/332-3859, jgoeser@vitaplus.com

Registration Information: Laura Herschleb, WDE Mgmt., PH: 608/224-0400, FX: 608/224-0300, lherschleb@wdexpo.com

ENTRY FORM

Entries must be postmarked by December 11, 2009

Make \$50.00 check payable to North American Intercollegiate Dairy Challenge

Each school should list four students and two alternates. This years contest will be capped at 60 students. Once that number has been reached and a school wishes to bring additional students, they may do so for an additional fee of \$350/student. Only 20 additional students will be allowed for a maximum of 80 students.

The following individuals will represent (School) _____

PARTICIPANT INFORMATION

Name _____ Male Female

Year in School _____

Name _____ Male Female

Year in School _____

Name _____ Male Female

Year in School _____

Name _____ Male Female

Year in School _____

ALTERNATE #1:

Name _____ Male Female

Year in School _____

ALTERNATE #2:

Name _____ Male Female

Year in School _____

Entry Form continues on Page 2

North American Intercollegiate Dairy Challenge – Midwest Regional Hosted by the Ohio State University February 11 - 13, 2010 — Wooster, Ohio

Contest Information: Ryan Millett, Elanco Animal Health, PH: 317/277-5401, millett_ryan_patrick@lilly.com

John Goeser, Vita Plus, PH: 608/332-3859, jgoeser@vitaplus.com

Registration Information: Laura Herschleb, WDE Mgmt., PH: 608/224-0400, FX: 608/224-0300, lherschleb@wdexpo.com

SCHOOL INFORMATION

ENTERED BY: Coach _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Will you be the coach present at the contest? Yes/No _____
If No, please provide the name of the coach who will be at the contest? _____

APPROVED BY: Dept Chair _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Data File Preference: ___ Dairy Comp 305 ___ PC Dart ___ Dairy Plus
Or identify combinations: _____

Team travel will be by: ___ Automobile ___ Airplane
Room nights needed: ___ Thursday ___ Friday ___ Saturday

Special Diet or Other Special Requirements:

REGISTRATION FORM MUST BE POSTMARKED BY DECEMBER 11, 2009.
Mail to: NAIDC-Midwest Regional Contest, 3310 Latham Drive, Madison, WI 53713.

Completed registrations with payment will receive priority by postmark.
Maximum number of participants will be 80 students.

Contest confirmation, skills assessment form, liability waiver and personal information waiver will be emailed upon receipt of completed entry form.

*****Please review all contest and eligibility rules before making entry.***