

2020 CJHA SEMEN DONATION PROGRAM

Nomination Form

Name: _____
 Address: _____
 Phone #: _____ E-Mail: _____

	Female #1		Bull Choices
Name:		1 st	
		2 nd	
Reg#		3 rd	
		4 th	
Rank:		5 th	
		6 th	

	Female #2		Bull Choices
Name:		1 st	
		2 nd	
Reg#		3 rd	
		4 th	
Rank:		5 th	
		6 th	

	Female #3		Bull Choices
Name:		1 st	
		2 nd	
Reg#		3 rd	
		4 th	
Rank:		5 th	
		6 th	

Complete the Nomination Form(s) and tabulate payment total. *You may nominate up to three females with the \$25 application fee. Any female after the three nominations cost an additional \$5 each.*

Mail Nomination Forms and Payment (cheque payable to “CJHA”) to:
CJHA Semen Donation Program
 c/o Emma Nicholas
 Box 479
 Milestone, SK S0G 3L0

OR
Email Nomination Forms(s) and Payment to:
 a) **Nomination Form email to**
enicholas99@gmail.com
 b) **E-transfer Payment to** cjha@hereford.ca