



3378 15th Avenue SW. Medicine Hat, AB T1B 3W5 • 1.866.886.1605 • limousin@limousin.com

CLA SUPREME WINNER CONFIRMATION FORM

Name of Show _____

Location _____

Date _____

Judge _____

Animal's Name & Registration Number

If a Cow/Calf Pair Please Give the Calf's Name and Registration Number

Name of Owner _____

Description of Supreme Show Format

I, the authorized show personnel _____ , _____

(Full Name)

(Title)

deem the above information to be truthful, and confirm there was a minimum of 30 head of

cattle on-site at the show mentioned above, signed _____ on this

_____ day of _____ , _____

(Day)

(Month)

(Year)

Please return to the Canadian Limousin Association within two weeks of the event.

Fax: 403.253.1704 or E-mail: limousin@limousin.com

www.limousin.com