



Kentucky Team Beef
2017 Reimbursement Form
Please write neatly!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Event: _____

Location: _____

Bib #: _____

Date of Event: _____

Entry fee: _____

Comments: _____

Please also attach:

Receipt of payment (copies accepted)

Photo from event in jersey

**Return to KY Team Beef, c/o Alison Smith, 176 Pasadena Drive, Lexington, KY 40503 –
asmith@kycattle.org - Fax: 859-260-2060**