



POINT VOUCHER

Participant Name: _____

Age as of 1/1/24: _____ DOB: _____ State: _____

Show Name: _____

Show Date: _____ Show Location: _____ Species: Lambs Goats Pigs
City State Please Circle

Show Category: (Please Circle) County/District Jackpot/Regional State Fair Major

Showmanship Class Type: (Please Circle) Market Breeding Combined

Showmanship Class Name/Division: _____

Placing: _____ Number in Class: _____ If Callbacks, **did showman make the callback drive:** Y _____ N _____

Note: As show manager, please indicate if the showman "Placed" in the identified showmanship class and how many were in the class or final drive of a heat/callback showmanship division.

Show Manager Name: (Print) _____ Contact Phone Number: _____

Contact Email: _____ Show Manager Signature: _____

Show Website: (if available) _____

Voucher to be uploaded to www.championschoicecamps.com by Participant within 7 days of Show. 2024 CCC Showmanship Derby Point Voucher



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