



St. Croix Hair Sheep Breeders Registration Application

Member# _____

GLM Registry, 19508 Tiller Trail Hwy, Days Creek OR 97429 541-825-8580 / Please make check payable to SCHSB

Please read this information. It will allow us to process your application much faster. If you have ANY questions, please contact us.

If there is repeating data in a column, just write the information ONCE, then draw a line down or use “ marks to indicate ‘same as above’.
Putting Twins or Triplets together will also save writing time and make it easier for you and us. **USE ONLY SCHSB Reg#s, in the Reg# columns.**

For immediate Transfer after new Registration, place X in box and include New Registration Transfer Request form with this document.

Flock Prefix, Name, Tag#, etc Line 0 is an example only.	Sex Ram Ewe	Birth Type S, Tw, Tr Qd	Breeding Type Nat AI/ET	White Colored	Polled Scurred	Date of Birth	-SIRE-		-DAM-		Tfer Place X	ADMIN ONLY Do Not Use	
							Reg#	Flock Prefix, Name, Tag#, etc	Reg#	Flock Prefix, Name, Tag#, etc			
0	MF Jacob 0123	R	Tw	N	W	P	6-21-18	12345	MF Roger 321	54321	MF Sally 373		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

If you are not the Breeder, but are the owner of the dam at lambing, please fill out this section with the breeder's information and signature.

Date: _____

Breeder (Owner of dam at mating): _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

If you borrowed or
leased the Sire, please
complete and submit a
Breeding Certificate.

This information is true to the best of my knowledge: Signature: _____ Date: _____