



New England Hands On Alpaca Fleece Off™
Fleece Disposition Form

Owner: _____
Farm: _____
Address: _____
Phone: _____
Email: _____
Show Division Membership Number: _____

Note: You may list more than one animal below provided disposition is the same.
Animal Name: _____
ARI #: _____
Breed: _____
ARI Color: _____

A copy of this form MUST accompany your registration form, postmarked by April 1, 2006.

Fleece Check In (choose 1):

_____ I will ship my fleece to New England Hands On Alpaca Fleece Off, c/o Laura Busky, 96 South St, Berlin, MA 01503. I understand that my fleece must **arrive** at this address no later than 5pm on May 1, 2006.

_____ I will deliver my fleece to the New England Hands On Alpaca Fleece Off at the New Hampshire Sheep & Wool Festival. I understand that my fleece must be checked in by 5pm on May 11, 2006. (Note to NHS&W Exhibitors: Exhibitor check in will be May 12, 2006. Your show fleeces need to be at the show the day prior to checking in as an exhibitor.)

Fleece Check Out (choose 1):

Note: Any fleece not claimed by 5pm on May 15, 2006 will be forfeited.

_____ I will personally pick up my fleece at the NHS&WF. I understand that fleeces must be claimed on Sunday, May 14, 2006 from 4pm - 5pm and that I will need to present a picture id.

_____ I authorize _____ to pick up my fleece at the NHS&WF. I understand that fleeces must be claimed on Sunday, May 14, 2006 from 4pm - 5pm and that my agent will need to present a picture id.

_____ I authorize the New England Hands On Alpaca Fleece Off to return my fleece to me via USPS after the completion of the show. I will prepay the shipping charges (see below) at the time of fleece check in.

Return Shipping Charges:
Fleeces shipped _____ x \$12 (Parcel Post + handling) = _____
Optional Insurance
Fleeces insured _____ x \$3 (\$150 of insurance) = _____

Total Due _____

Signature of Fleece Owner

Date