



Official One Day (*M) Milk Recording Program Application

Applicant Information

Name (Individual or sponsoring organization): _____ Date of Test: _____
Last First

Address: _____
Street Address City Province Postal Code

Phone: _____ CGS Membership #: _____ Email : _____

Tester: _____
Last First

Address: _____
Street Address City Province Postal Code

Phone: _____ Email: _____

If the Milk Testing is to be held in conjunction with a provincial or local fair, please name the fair and provide contact information for the fair Secretary.

Date of Testing: _____ Location: _____

Fair Secretary: _____
Last First

Address: _____
Street Address City Province Postal Code

Phone: _____ Email: _____

Milking Competition Information

Provision for housing the dairy goats during the competition: Tent Barn

Will a night watchman be on duty? YES NO Hours: _____

Expected Number of Does participating: _____

Check One **Selective** – Test any animals you wish (Lab results will not be included in genetic evaluations)

\$100 Herd Fee + \$1.00 per goat (Plus applicable taxes)

Non-Selective – Test all 1st & 2nd lactation does (Recommended)

\$50 Herd Fee + \$0.50 per goat (Plus applicable taxes)

Disclaimer and Signature

The CGS office must receive the application and payment at least 30 days in advance of the competition, or a late fee of \$50 may apply. If application and fees are not received before event, it will not be sanctioned.

Signature: _____ Date: _____