

Registration Form
2026 Buckeye Shepherds Symposium
December 5, 2026

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Email: _____

Special Savings with 2027 OSIA Membership included with BSS registration
***** Registration includes Breakfast, Snacks and Lamb Lunch**

1. Registration Fees

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

COST TOTAL

Saturday Registration + 2027 OSIA membership (\$50.00)	# attending _____	x \$90	_____
Saturday Registration for additional family/farm member's	# attending _____	x \$40	_____
Saturday Registration – OSIA LIFETIME MEMBER	# attending _____	x \$40	_____
Saturday Registration – Non-Member	# attending _____	x \$135	_____

2. Late Fees If received after Nov. 18 add \$20 per person	# attending _____	x \$20	_____
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3. Special Educational Programs – Young Shepherd's Assembly

Saturday evening (Dec. 5, 2026) - Young Shepherds' program & dinner	# attending _____	x \$30.00	_____
			Total Enclosed \$ _____

4. Legibly Print Names of those attending (REQUIRED for Nametags): Birthdate required ONLY for any youth/adults under Age 22 as of 1/1/2027 – For OSIA Membership Purposes

Name _____ Birthdate: _____

Name _____ Birthdate: _____

Name _____ Birthdate: _____

Name _____ Birthdate: _____

If you do NOT plan to attend the 2026 Buckeye Shepherd's Symposium, you can renew your 2027 OSIA membership Online via PayPal at www.ohiosheep.org or by completing the 2027 OSIA Membership Form included in this mailing packet and mailing it to the OSIA address below.

Payment: Please mail completed registration form with payment by **November 18, 2026**, or register and pay via the online option at <https://ohiosheep.org/osia/2026-buckeye-shepherds-symposium/> by November 18, 2026

Any questions please contact Amy Hurst at 614-246-8262 or by email at ahurst@ofbf.org

Make checks payable and mail to:

Ohio Sheep Improvement Association

Roger A. High, Executive Director

P.O. Box 182383

Columbus, OH 43218-2383

PayPal at:

www.ohiosheep.org

Or pay by Visa or MasterCard

Cardholder Name (please print): _____

Visa/MC Card#: _____

3-digit code: _____ Amount: \$ _____ Exp. Date: _____

Signature: _____

Today's date: _____