

# OBA Swiss Belle Award Application

Owner \_\_\_\_\_

Breeder \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Telephone \_\_\_\_\_

Owner Email \_\_\_\_\_

Please check all awards that you believe this doe/ buck qualifies for:

\_\_\_\_\_ Lifetime Production Award

\_\_\_\_\_ Platinum Belle Award

\_\_\_\_\_ Gold Belle Award

\_\_\_\_\_ Silver Belle Award

\_\_\_\_\_ Copper Belle Award

\_\_\_\_\_ Bronze Belle Award

\_\_\_\_\_ Mini Belle Award, one day test score \_\_\_\_\_ (please include copy of one day test report)

\_\_\_\_\_ Diamond Belle Award

\_\_\_\_\_ Golden Bucket Award, LA Score \_\_\_\_\_

\_\_\_\_\_ Silver Sire Award

\_\_\_\_\_ Diamond Sire Award

Doe/ Buck Name \_\_\_\_\_

Registration Number \_\_\_\_\_

Birthdate \_\_\_\_\_

Sire Name \_\_\_\_\_

Dam Name \_\_\_\_\_

## For Qualifying Does:

Lactation Age (##-##) \_\_\_\_\_

Days in Milk \_\_\_\_\_

Lb. Milk \_\_\_\_\_

Lb. Fat \_\_\_\_\_

Lb. Protein \_\_\_\_\_

## For Qualifying Sires:

Please provide information on the qualifying daughters:

1. Daughter name \_\_\_\_\_

Lactation Age (##-##) \_\_\_\_\_

Days in Milk \_\_\_\_\_

Lb. Milk \_\_\_\_\_

Lb. Fat \_\_\_\_\_  
Lb. Protein \_\_\_\_\_  
Award Qualifying for: \_\_\_\_\_

2. Daughter name \_\_\_\_\_  
Lactation Age (##-##) \_\_\_\_\_  
Days in Milk \_\_\_\_\_  
Lb. Milk \_\_\_\_\_  
Lb. Fat \_\_\_\_\_  
Lb. Protein \_\_\_\_\_  
Award Qualifying for: \_\_\_\_\_

3. Daughter name \_\_\_\_\_  
Lactation Age (##-##) \_\_\_\_\_  
Days in Milk \_\_\_\_\_  
Lb. Milk \_\_\_\_\_  
Lb. Fat \_\_\_\_\_  
Lb. Protein \_\_\_\_\_  
Award Qualifying for: \_\_\_\_\_

Please mail completed application, along with **individual DHIA records** and  
**payment to:**

Abby Ball  
W2923 Green Isle Dr.  
Fort Atkinson, WI 53538