



# SLA KEURING HOST BOOKING

Applicant must be an SLA Member in good standing to Host a Keuring.

Check One: First Time Booking \_\_\_\_\_ or Re-Booking \_\_\_\_\_

Inspection Date(s): \_\_\_\_\_

Host's Name(s): \_\_\_\_\_

ILR Owner Code #: \_\_\_\_\_

Farm/Ranch Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email \_\_\_\_\_

*Complete following if location of SLA Inspection is other than Organizer's address:*

Host Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Directions to Keuring Site**  
**(Please write on separate sheet and attach to this form.)**

I, the undersigned SLA Keuring Host, have read the SLA Requirements and Guidelines for Hosting a Keuring.  
I understand the requirements and will follow them to the best of my ability.

Host Signature(s): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Approved Inspector A: \_\_\_\_\_ Cert. # \_\_\_\_\_

Approved Inspector B: \_\_\_\_\_ Cert. # \_\_\_\_\_

Signature of SLA Representative \_\_\_\_\_

**Please send this form to:**

Suri Llama Association 2811 Lorch Ave. • Eau Claire, WI 54701  
715-852-1054 • FAX 715-834-0702 • Email: [info@surillama.com](mailto:info@surillama.com)