

ABLA Foundation Flock Program Application



Applicant Information

Name: _____ Age: _____

Address: _____

Phone Number: _____ Email: _____

Do you currently own sheep? _____

If yes, what breed? _____

Do you have experience caring for livestock? _____

If yes, what species? _____

Do you have a local sheep mentor? _____

If no, are you open to guidance from an ABLA mentor? _____

Do you understand that you must be present at the National Border Leicester Sale in Greenville,
OH to receive your flock? _____

Do you understand that this is a considerable investment on the part of your
donor(s)? _____

What does “dual-purpose breed” mean to you? _____

What does responsible shepherding look like to you? _____

How do you plan to manage your flock (pasture-based, dry-lot, etc.)? _____

What attracted you to the Border Leicester breed? _____

What are your flock goals? _____

How do you think Border Leicesters will help you meet those goals? _____

How do you plan to promote the Border Leicester breed? _____

What else should we know about you? _____

**Please send completed application with reference contact information to Lydia Smith
at echoridgeflock@gmail.com by March 15th, 2025.**

Applicant Signature

Parent/Guardian Signature

Reference

Name: _____ Phone Number: _____

Relationship: _____