



Last Name				First Name(s) (and 4-H Age(s) if 4-H Project) 4-4-H Project						_	-H Club or FFA Chapter Name	County	County			
Appro Box(es)	ONLY peck opriate For Show ibility	(Cł	neck one)	NE. □ FFA		4-H and		MU	ST b	e re	ecor	ded	VNERSHIP AFFIDAVIT (Red on separate forms!	ev. 1/	14)	
County only	State Fair or Ak-Sar-Ben	Sex	Breed or Breeds Invol			Tattoo and/or Ear Tag								Animal	Name and Registration Number	
				nvolved	Date Born	Right	Left	Tattoo	Che Che Call State Fall) 4-H Tag			Both Tatoo and Tag	Name & Registration Number of Project Animal	Check if a Registered Animal	Sire	Dam
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_			hapter Member(s) at the top of this form mu	st sign.)	Sig	nature of Pare	nt and Address	}					This (these) youth has (ha affidavit in accordance wire 4-H or FFA Program and a Food Animal Quality Assu	th all also h	rules of the state, c nas (have) successfu	ounty and Chapterally completed a

Extension Staff or FFA Advisor