



# BEEF

## WASHINGTON COUNTY IDENTIFICATION SHEET (WC 2.2023)

**DEADLINE: JUNE 15**

Household Last Name: \_\_\_\_\_ First name(s): \_\_\_\_\_ Age (Jan 1): \_\_\_\_\_

PREMISE ID #: \_\_\_\_\_

YQCA Certificate #: \_\_\_\_\_

Age (Jan 1): \_\_\_\_\_ 4-H Club

Age (Jan 1): \_\_\_\_\_

Age (Jan 1): \_\_\_\_\_

| Market Beef | Breeding Beef | Feeder Calf | Bucket Calf | BREED | SEX<br>M/F | DATE Born<br>MM/DD/YYYY | EID TAG<br>(15 Digit Number)<br>(MARKET BEEF, FEEDER CALF,<br>BUCKET CALF) | TATTOO<br>(BREEDING BEEF<br>ONLY) | EAR<br>L R<br><br>POSITION | REGISTERED | COW/CALF | ADDITIONAL<br>INFORMATION | STATE FAIR<br>NOMINATION |
|-------------|---------------|-------------|-------------|-------|------------|-------------------------|----------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------|------------|----------|---------------------------|--------------------------|
|             |               |             |             |       |            |                         |                                                                            |                                   |                                                                                                               |            |          |                           |                          |
|             |               |             |             |       |            |                         |                                                                            |                                   |                                                                                                               |            |          |                           |                          |
|             |               |             |             |       |            |                         |                                                                            |                                   |                                                                                                               |            |          |                           |                          |
|             |               |             |             |       |            |                         |                                                                            |                                   |                                                                                                               |            |          |                           |                          |
|             |               |             |             |       |            |                         |                                                                            |                                   |                                                                                                               |            |          |                           |                          |
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|             |               |             |             |       |            |                         |                                                                            |                                   |                                                                                                               |            |          |                           |                          |

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Duplicate Address: \_\_\_\_\_

Duplicate Phone Number: \_\_\_\_\_

### 4-H STAFF USE ONLY:

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_

Enrollment complete (June 15): \_\_\_\_ Initials: \_\_\_\_

YQCA completed (June 15): \_\_\_\_ Initials: \_\_\_\_

Pictures Attached (June 15): \_\_\_\_ Initials: \_\_\_\_

Signature of ALL 4-H members: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_