BUCKET CALF

DOUGLAS-SARPY COUNTIES IDENTIFICATION SHEET

DEADLINE: JUNE 15

Last Name: _____

First name(s): _____ Age (Jan 1): _____ _____

_____ Age (Jan 1): _____ **4-H Club**

PREMISE ID #: _____

_____ Age (Jan 1): _____ _____

_____ Age (Jan 1): _____

BREED/DESCRIPTION	SEX (M/F)	DATE BORN (MM/DD/YY)	Douglas-Sarpy 4-H Tag REQUIRED	EID BUTTON # (15 Digits) OPTIONAL	TAG R ⌂ L CIRCLE "RIGHT" or "LEFT"	ADDITIONAL INFORMATION
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	
					RIGHT LEFT	

Mailing Address: _____

Email Address 1: _____

Email Address 2: _____

Phone # 1: _____

Phone # 2: _____

4-H STAFF USE ONLY:

Date Received: ____ /____ /____ Initials: _____

Enrollment complete (June 15): _____ Initials: _____

YQCA completed (June 15): _____ Initials: _____

4-H Staff Signature: _____

Signature of ALL 4-H members: _____ _____ _____ _____

Signature of Parent/Guardian: _____