



FEEDER CALF

DOUGLAS-SARPY COUNTIES IDENTIFICATION SHEET

DEADLINE: JUNE 15

Last Name: _____

First name(s): _____

Age (Jan 1): _____

4-H Club _____

PREMISE ID #: _____

Age (Jan 1): _____

Age (Jan 1): _____

Age (Jan 1): _____

MAXIMUM OF 20 HEAD PER MEMBER

BREED/DESCRIPTION	SEX (M/F)	DATE BORN (MM/DD/YY)	Douglas-Sarpy 4-H Tag REQUIRED (NOT STATE FAIR ELIGIBLE)	TAG		COW/ CALF PAIR ✓	ADDITIONAL INFORMATION
				R	L		
				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: _____