MARKET GOAT

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):** _____

MAXIMUM OF 20 HEAD PER MEMBER

BREED/DESCRIPTION	SEX (M/F)	OFFICIAL USDA SCRAPIES TAG *EX: NE1234-5678* **REQUIRED**	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: _____