



MARKET LAMB

DOUGLAS-SARPY COUNTIES IDENTIFICATION SHEET

DEADLINE: JUNE 15

Last Name: _____

First name(s): _____

Age (Jan 1): _____

PREMISE ID #: _____


Age (Jan 1): _____

4-H Club

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		ADDITIONAL INFORMATION
			CIRCLE "RIGHT" or "LEFT"		
			RIGHT	LEFT	
			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: _____