



MARKET LAMB

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

BRED/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	
			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: _____