



BUCKET CALF



JOHNSON COUNTY IDENTIFICATION SHEET (PC 2020)

DEADLINE: JUNE 15

Last Name: _____

First name(s): _____

Age (Jan 1): _____

Age (Jan 1): _____ 4-H Club

Age (Jan 1): _____

Age (Jan 1): _____

NO LIMIT ON NUMBER OF BUCKET CALVES IDENTIFIED; MEMBERS MAY ONLY SHOW **ONE** BUCKET CALF

BREED	SEX (M/F)	DATE BORN (MM/DD/YY)	4-H TAG # REQUIRED	TAG		ADDITIONAL INFORMATION	CLASS	CHECKED IN	RECORD BOOK
				R	L				
				RIGHT	LEFT				
				RIGHT	LEFT				
				RIGHT	LEFT				
				RIGHT	LEFT				
				RIGHT	LEFT				
				RIGHT	LEFT				
				RIGHT	LEFT				
				RIGHT	LEFT				
				RIGHT	LEFT				

4-H STAFF USE ONLY:

Date Received: ___ / ___ / ___ Initials: _____

Mailing Address: _____

Email Address 1: _____

Email Address 2: _____

Phone # 1: _____

Phone # 2: _____

Signature of ALL 4-H members: _____

Signature of Parent/Guardian: _____