FRANKLIN COUNTY 4-H BUCKET CALF OWNERSHIP AFFIDAVIT

Last Name _____ First Name(s) (and 4-H Age(s) if 4-H Project) _____ 4-H Club or FFA Chapter Name _____

Breed or Breeds Involved or Description of Animals	*Sex*	*Birth Date*	*Ear Tag (Herd tag is acceptable)*	
			Right	*Left*

Electronic signature is acceptable. Please type your full name.

Signature of Club or Chapter Member(s)
(At least one of those listed at the top of this form must sign.)

_____

_____

_____

Signature of Parent and Address

_____

_____

Phone_____

Date_____

Submit via email

Print form