4-H and Cloverkid BUCKET CALF OWNERSHIP AFFIDAVIT

COUNTY: ☐ **Lincoln** ☐ **Logan** ☐ **McPherson** **DATE: _____**

Last Name	First Name	(4-H Age)	4-H Club Name
Last Name	First Name	(4-H Age)	4-H Club Name
Last Name	First Name	(4-H Age)	4-H Club Name

ADDRESS **CITY** **ZIP CODE** **CONTACT NUMBER** **EMAIL**

4-H	Cloverkid	Breed or Breeds Involved	Sex	Birth Date	Tag / Tattoo		Check Appropriate Side	
					County Tag #	Tattoo	Right	Left