4-H/FFA FEEDER CALF AFFIDAVIT

☐ Phelps

☐ Gosper

Deadline: June 15th

Last Name _____ First Name _____ (4-H Age) _____ 4-H Club or FFA Chapter _____

Last Name _____ First Name _____ (4-H Age) _____ 4-H Club or FFA Chapter _____

Last Name _____ FIrst Name _____ (4-H Age) _____ 4-H Club or FFA Chapter _____

Parent Signature _____ Date _____ Address _____ Contact Number _____

Extension Staff Signature _____ Premise ID# *REQUIRED BY JUNE 15* (call 402-471-2351 to obtain a Premise ID) _____ YQCA# *REQUIRED BY JUNE 15* (please turn certificate in to office) _____

Exhibitor Initials (if known)	County Fair	State Fair/ AKSARBEN	Breed or Breeds Involved/Description	Sex	Date of Birth	EID TAG #		Tag Location		Notes	FFA Animal (check)
						EID Tag # (button side)	Visual Tag	Left	Right		