<u> </u>			4-H/	/FFA]	R. BR	EEDING B	EEF AFFI	DAV	IT	□ Phelps		
) ,					Deadline: June 15th			□ Gosper			
	Last Name					irst Name	(4-H Age)	4-H Club or FFA Chapter				
	Last Name				F	irst Name	(4-H Age)	4-H Club or FFA Chapter				
					F	Irst Name	(4-H Age)	4-H Club or FFA Chapter		H Club or FFA Chapter		
Parent Signature Date					Address			Contact Number				
Extension Staff Signature					Premise ID# <i>REQUIRED BY JUNE 15</i> (call 402-471-2351 to obtain a Premise ID)			YQCA# <i>REQUIRED BY JUNE 15</i> (please turn certificate in to office)			_	
Exhibitor Initials (if known)	County Fair	State Fair/ AKSARBEN	Breed or Bre Involved/Descr		Date of Birt		/or Ear Tag # Left Ear	Check One		Registration Number	Notes	FFA Animal (check)
, <u>,</u>												