			Deadline: June 15th					□ Gosper			
Last Name					First Name	(4-H Age)		4-H Club or FFA Chapter			
					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 YQCA# <i>REQUIRED BY JUNE 15</i> (please turn certificate in to office)				_
					Premise ID# REQUIRE (call 402-471-2351 to						
Exhibitor Initials (if known)	County Fair	State Fair/ AKSARBEN	Breed or Breeds Involved/Description	Sex	EID TAG #			Tag Lo	ocation	-	
					EID Tag # (button side)	Visual Tag	Left	Right	Notes	FFA A (cho