|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Tattoo/County Tag/EID Tag | Registration Number (If Applicable)  | Image result for heifer head outlineLRCircle “Right” or “Left” | Sex(F-Female)(M-Male) | Date Born | Breed | Home Born and Raised(Place an X) | State Fair(Place an X) |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |
|  |  | Right Left |  F M |  |  |  |  |

**For Staff Use Only**

Date Received: \_\_\_\_\_\_\_ Office Staff Initials: \_\_\_\_\_

Date Received YQCA Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FFA Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_