Exhibitor: ______________________ Years in Project: ______________________

Address: ____

City: ______________________ Zip: ______________________

Telephone: ______________________ Email: ______________________

____

Birthdate: ______________________ County Tag #: ______________________

Herd Tag #: ______________________ Bangs #: ______________________

Name: ______________________ Breed: ______________________

Registration #: (if registered) ____

Description: ____

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Birthdate: ______________________ County Tag #: ______________________

Herd Tag #: ______________________ Bangs #: ______________________

Name: ______________________ Breed: ______________________

Registration #: (if registered) ____

Description: ____

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Birthdate: ______________________ County Tag #: ______________________

Herd Tag #: ______________________ Bangs #: ______________________

Name: ______________________ Breed: ______________________

Registration #: (if registered) ______________________ Calf Birth-Date ______________________

Description: ____

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For Questions contact the Extension Office 356-3191