

CALDWELL COUNTY JR. LIVESTOCK SHOW

<u>TAG</u>	<u>WEIGHT</u>	<u>CLASS</u>	<u>PLACING</u>	<u>PEN</u>
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USE A SEPARATE CARD FOR EACH ENTRY

MARKET DIVISION

____ STEER
____ LAMB
____ SWINE
____ GOAT
____ PEN OF RABBITS
____ SINGLE FRYER RABBIT
____ PEN OF BROILERS
____ SINGLE FRYER BROILER
____ TURKEY

BREEDING DIVISION

____ BEEF HEIFER (SHOW DATE AGE ____)
____ SHEEP EWE
____ SWINE GILT (SHOW DATE AGE ____)
____ GOAT DOE
____ RABBIT DOE
____ RABBIT BUCK

NAME _____ PHONE # _____

PHYSICAL ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

4-H CLUB OR CHAPTER _____

EXHIBITOR DATE OF BIRTH _____

CHECKS PAYABLE TO: CCFA ENTRY FEE \$25.00 PER HEAD +
\$5.00/CCFA EAR TAG

NAME OF SCHOOL _____ GRADE LEVEL on 9/1 _____

I HEREBY AGREE BY ALL THE RULES & REGULATIONS OF THIS SHOW AND TO GIVE PERMISSION FOR MY CLUB ATTENDANCE TO BE VERIFIED & TO VERIFY MY POSSESSION OF EXHIBIT. EXHIBITOR IS REQUIRED TO SUBMIT REQUESTS FOR SUBSTITUTE TO BE IN WRITING.

EXHIBITOR'S SIGNATURE/DATE

PARENT/GUARDIAN'S SIGNATURE/DATE

Additional: _____



Texas 4-H Youth Development Program DECLARATION OF ELIGIBILITY FORM

This form is requested in accordance with the requirement of the Texas Education Code and in cooperation with the Texas Education Agency and local public school board policies.
Instructions: Complete one form per activity. 4-H member should return original form to the County Extension Office

PARENT/GUARDIAN SECTION

In accordance with 4-H policy, provided by our local Extension office, I respectfully request:

(CHECK ONE)

- ☐ Academic eligibility information only.
- ☐ Academic eligibility information and authorization to receive an excused absence from school.

Date: March 1-3, 2018

Name of Activity: Caldwell County Junior Livestock Show

Signature of Parent/Guardian: _____

COUNTY EXTENSION AGENT SECTION

I hereby certify that _____ is a member of 4-H in
Caldwell County and is scheduled to participate in this activity representing 4-H.
He/she will be under the supervision of the Texas A&M AgriLife Extension Service faculty or agency's designated volunteer leader.

Date

Signature of County Extension Agent

SCHOOL PRINCIPAL OR DESIGNEE

(CHECK ONE)

- ☐ I do certify that the student is academically eligible to participate in the above mentioned extracurricular activity.
- ☐ I do not certify the student because he/she is **NOT** academically eligible to participate in the above mentioned activity.

(CHECK ONE)

- ☐ An excused absence will be granted.
- ☐ An excused absence will **NOT** be granted.
- ☐ Does not apply.

Date

Signature of Principal or Designee

Name of School