

DUNN COUNTY MEAT ANIMAL PROJECT
Goat – 2020 ENTRY FORM



Individual or Family Names:

Club: _____

Parents/Legal Guardian Name as it will appear on sale bill:

Address/City/Zip: _____

Phone (please list cell# if applicable): _____

Would you like to receive text messages related to the Meat Animal Project?

YES NO

E-mail: _____

Yellow Dunn Tag (example: 5000)	Other Tag or identifier	Beginning Weight Note: optional/required for total performance	Male/Female
1.			
2.			
3.			
4.			
5.			

I have read and understand the rules put forth by the Dunn County 4H/FFA Meat Animal Committee and agree to abide by these rules.

Signatures:

Parent/Guardian: _____

Member: _____

Member: _____

Member: _____

Member: _____

Member: _____