

Date Received: \_\_\_\_\_

Note: Auction animals must be entered on this form also

## **BEEF FAIR ENTRY FORM**

Return to: Niagara County 4-H Attn: Heidi  
4487 Lake Avenue  
Lockport, NY 14094

Return by: **June 15**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City Zip

Veterinarian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 1/1/current yr: \_\_\_\_\_

Years in 4-H: \_\_\_\_\_ Years as a Cloverbud: \_\_\_\_\_

Club Name: \_\_\_\_\_ Or individual member: \_\_\_\_\_

### List Entries Here:

Premium Book Section					
Breed of Animal					
Ear Tag or Tattoo					
Registration Number					
Name of Animal					
Sex					
Date of Birth					
Ownership Date					
Bred By Exhibitor					
List Classes to be entered					
including showmanship					
Use your Premium Book					

Additional forms are available from the 4-H Office or from your species County Project Leader.