

**THIS FORM IS DUE TO THE 4-H OFFICE BY FIRST SATURDAY IN MAY**

**Niagara County 4-H Lamb Auction Entry Form**

**4-H Member's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**4-H Club Name or Individual Member:** \_\_\_\_\_

**Animal Breed:** \_\_\_\_\_

**Date of Birth of 4-H Project Animal:** \_\_\_\_\_

**Ear Tag I.D. #** \_\_\_\_\_

**We have read the General Rules of Niagara County 4-H Lamb Sale. We understand them fully and agree to abide by them:**

**4-H Member:** \_\_\_\_\_

**4-H Parent/Guardian:** \_\_\_\_\_