Niagara County 4-H Beef Steer Auction Entry Form

4-H Member’s Name:__________________________________________________________

Address:_________________________________________________________________

Telephone: These numbers will be used to contact the 4-H member for the March Visit. If cell phone is available please list and specify whose number is listed:

Home:_________________________________  Cell:________________________________

4-H Club Name or Individual Member: ___________________________________________

Animal Breed Type_________________________________  Tag #_____________________

Date of Birth of 4-H Project Animal:____________________________________________

Weight of 4-H Project Animal when purchased:____________________________________

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

4-H Member:__________________________________________________________________

4-H Parent/Guardian:__________________________________________________________