Niagara County 4-H Meat Goat Auction Entry Form

4-H Member’s Name:___________________________________________________________

Address:_________________________________________________________________

Home #:_________________________Cell #:______________________________

4-H Club Name or Individual Member:________________________________________

Animal Breed Type_________________________Tag I.D. #_____________________

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 Meat Goat Sale. We understand them fully and agree to abide by them:

4-H Member:______________________________________________________________

4-H Parent/Guardian:______________________________________________________