CATTLE

Name of Exhibitor _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

YOUTH - Date of Birth _____ Youth Class _____ &/or Open Class _____ Number of Animals Entered _____

Use one line for each animal - Mail entries early as there is limited space in the Cattle Building!

Do not write in this column

CLASS		Lot #	Breed	Ear Tag #	Birth Date	Vaccination Date of Rabies	Name of Owner/Club	Name of Animal	Award
Open	Youth								

Send in copies of Health Papers with entry. For more entries continue on back.

Total _____