ST. CLAIR COUNTY 4-H & YOUTH FAIR

MARKET BEEF REGISTRATION FORM

Bring this with you to mandatory weigh in/tagging the last Saturday in January

Name of Exhibitor: _____

Address of Exhibitor: _____

City & Zip Code: _____

Exhibitor's Date of Birth: _____

Parent/Guardian Name: _____

4-H Club: _____

IMPORTANT CONTACT INFORMATION*

Phone Number DURING WEEK OF FAIR: _____

Email Address(es): _____

_____

Texts will be sent to Phone Number for emergency contact during fair and/or requirement to contact exhibitor. Emails will be sent to anyone listed for updates/changes in project area or alert exhibitors of upcoming workshops that they may want to attend or other beef-related information.

PRIMARY STEER/MARKET HEIFER

Market Steer ☐ **Market Heifer** ☐

RFID Tag # _____

Fair Tag # _____

January Weight _____

SECONDARY MARKET ANIMAL (1 animal per family)

Market Steer ☐ **Market Heifer** ☐

RFID Tag # _____

Fair Tag # _____

January Weight _____