4-H ANIMAL ENTRY FORM

***Please check if you are	a Cloverbud 🗆				
Name		DUE BY JULY 15, 2024 Cornell Cooperative Extension of St. Lawrence County			
4-H Club/FFA Chapter					
Address					
City		2043 B State Highway 68			
State/Zip		Canton, New York 13617			
Phone		(315)-379-9192			
Phone_Birth Date/Age					
Submit on a farma for a selection		and board Charmanakin should be the force down			
on the form. Please fill in t and fill this form out as co	the specific showmanship class. mpletely as possible. 4-H DO	each breed. Showmanship should be the first class Please put the class number in numerical order NOT USE OPEN CLASS NUMBERS! Be sure to ection, as well as the Health Requirements for each			
Consult the Youth Fair Book	k for Show Days and Times. If ac	dditional room is needed, please use the back.			
IMPORTANT: Put ALL en	ntries with award/placing on you	r VOUCHER in order to receive premiums.			
**THIS FORM IS DUE II PREMIUM BOOK	N THE COOPERATIVE EXT	ENSION OFFICE BY JULY 15 AS STATED IN			
Please circle the species of					
Beef Cattle	Horses				
Dairy Cattle	Dogs				
Dairy Goats	Poultry				
Meat Goats	Sheep				
Feline	Rabbits				

Section No.	Class No.	Breed	Animal Birth Date	Animal's Name	Registration No.	Tattoo & Ear Tag	Bred & Owned by Exhibitor Y/N	Check if showing in Open Class

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Sheep Pens Needed	#
Goat Pens Needed	#
Horse Stalls Needed	#