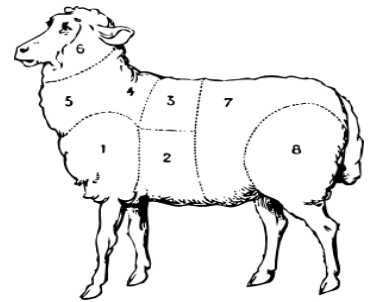


DUNN COUNTY MEAT ANIMAL PROJECT LAMB – 2017 ENTRY FORM



Individual or Family Names:

Club: _____

Parents/Legal Guardian Name as it will appear on sale bill:

Address/City/Zip: _____

Phone (please include a cell # if applicable): _____

Would you like to receive Text Messages related to the Meat Animal Project?

YES NO

E-mail: _____

White Tag NO.	Dunn Tag No.	BEG. WEIGHT	Ewe/Whether
1.			
2.			
3.			
4.			
5.			

I have read and understand the rules put forth by the Dunn County 4H/FFA Meat Animal Committee and agree to abide by these rules.

Signature of Parent/Guardian: _____

Member: _____

Member: _____

Member: _____

Member: _____

Member: _____