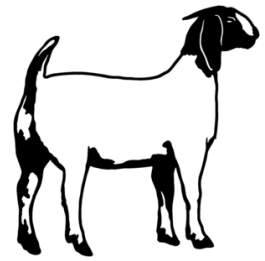


**DUNN COUNTY MEAT ANIMAL PROJECT
MEAT GOAT – 2017 ENTRY FORM**



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: _____