

2016-17 Meat Animal Quality Assurance Program

Documentation of Attendance

PARTICIPANT INFORMATION:

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ County: _____

Date of Birth: (needed to enter in the database) _____

Email: _____

Check all species you plan to show this year at all levels of competition (county, WLBA, State Fair, etc...): Sheep Swine Beef Goats Dairy
Poultry Rabbits Other: _____

FACILITATOR INFORMATION:

Type of Program (Check one): Test Activity

Date of Program: _____

I hereby agree that I participated in the Wisconsin Meat Animal Quality Assurance Program on the date noted above and promise to do my part as a food producer by following the Good Production Practices of Quality Assurance.

(Participant Signature)

(Facilitator Signature)

Facilitators: This form is for you to gather the needed information to enter the data into the Wisconsin MAQA Website and then file for record keeping.