CATTLE

Name of Exhibitor _____ Soc. Sec. # _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

YOUTH - Date of Birth _____ Youth Class _____ &/or Open Class _____ Number of Animals Entered _____

Use one line for each animal. Mail entries early as there is limited space in the Cattle Building.

Class	Lot #	Breed	Ear Tag #	Birth Date	Vaccination Dates			Award
					Rabies	TB	Brucellosis	

For more entries continue on back.

Total _____

CATTLE CONTINUED

Class	Lot #	Breed	Ear Tag #	Birth Date	Vaccination Dates			Award
					Rabies	TB	Brucellosis	

Total _____