Submit Form

Cattle

Name of Exhibitor: ____

Mailing Address:____

City:_______________________________State:_____________Zip:_______

Email:____________________________________Cell Phone:________________

Youth – DOB:__________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 Date of Rabies**	**Name of Owner/Club**	**Name of Animal**	**Awd**
Open	Youth								