Print

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 Open	Youth	**Lot #**	**Breed**	**Ear Tag#**	**Birth Date**	**Vaccination Date of Rabies**	**Name of Owner/Club**	**Name of Animal**	**Awd**