

2019 HUNTERDON COUNTY 4-H INVITATIONAL SHEEP SHOW ENTRY FORM

Date Received: _____

Member's Name: _____ Grade Completed: _____ # of Years Showing Sheep in 4-H: _____
(include this year but not Cloverbud years)

Address (Street, city, state, zip): _____

Home Phone: _____ Member's Cell: _____ Email: _____

Parent's Cell: _____ Email: _____

Club Name: _____ Leader(s): _____

NO ENTRIES ACCEPTED AFTER AUGUST 1ST.

Entry form should be sent to: Susan Miller, 101 Old Clinton Road, Flemington, NJ 08822 or Email: foxfield101@embarqmail.com

Member's Signature

Date

Leader's Signature

Date

Class: _____ Breed: _____

Class: _____ Breed: _____

Class: _____ Breed: _____

Birth Date: _____ Sex: _____

Birth Date: _____ Sex: _____

Birth Date: _____ Sex: _____

Registration #: _____ Ear Tag #: _____

Registration #: _____ Ear Tag #: _____

Registration #: _____ Ear Tag #: _____

Bred & Owned: Yes No (circle one)

Bred & Owned: Yes No (circle one)

Bred & Owned: Yes No (circle one)

Meat Breed Wool Breed (circle one)

Meat Breed Wool Breed (circle one)

Meat Breed Wool Breed (circle one)

Class: _____ Breed: _____

Class: _____ Breed: _____

Exhibitor's Flock: _____

Birth Date: _____ Sex: _____

Birth Date: _____ Sex: _____

Young Exhibitor's Flock: _____

Registration #: _____ Ear Tag #: _____

Registration #: _____ Ear Tag #: _____

Please indicate with an "X" if you plan to exhibit in this class. Is the flock entry combined with another family member? Yes or No (please circle)

Bred & Owned: Yes No (circle one)

Bred & Owned: Yes No (circle one)

List Name: _____

Meat Breed Wool Breed (circle one)

Meat Breed Wool Breed (circle one)