

HUNTERDON COUNTY 4-H 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: susanbuchananmiller@gmail.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 #: _____	Pair of Ewe Lambs: _____
Bred & Owned: Yes No (circle one)		Bred & Owned: Yes No (circle one)	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)
Meat Breed Wool Breed (circle one)		Meat Breed Wool Breed (circle one)	List Name: _____