4-H Breeding Beef Declaration Form

This form **MUST** be signed by youth, parent, and leader and returned to the Humboldt County Extension Office by **April 15**.

County: _______________________________ Date: ____________

Name: _____________________________ Club Name: _______________________

Address: __________________________ City: ___________________ Zip: ________

Telephone: (       ) _________________ E-mail: ______________________________

Youth Signature

_________________________________________________

Parent or Legal Guardian Signature

_________________________________________________

Leader Signature

_________________________________________________

<table>
<thead>
<tr>
<th>Animal</th>
<th>Ear Tag Number</th>
<th>Tag Color</th>
<th>Breed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearling Heifer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cow/Calf Pair</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Heifer Calf</td>
<td></td>
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</tbody>
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