

DUNN COUNTY MEAT ANIMAL PROJECT BEEF ENTRY FORM

Individual or Family Names:

Club: _____

Parents/Legal Guardian Name as it will appear on sale bill:

Address/City/Zip: _____

Phone (please include cell # if applicable): _____

Would you like to receive Text Messages related to the Meat Animal Project?

YES NO

E-mail: _____

| Yellow Dunn Tag (example – 5000) | Other Tags (example 840) | BEG. WEIGHT (Note: optional / required for total performance) | Species / Class Single, Cross, Dairy, Heifer |
|-------------------------------------|-----------------------------|---|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

I have read and understand the rules put forth by the Dunn County Fair Meat Animal Committee and agree to abide by these rules.

Signatures

Parent/Guardian: _____

Member: _____

Member: _____

Member: _____

Member: _____

Member: _____