



JR. COMMERCIAL HEIFER SHOW EXHIBITOR INFORMATION SHEET

EXHIBITOR'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET NAME/PO BOX

_____ CITY STATE ZIP

EXHIBITOR'S HOME PHONE: _____

EXHIBITOR'S CELL PHONE: _____

4-H CLUB OR FFA CHAPTER NAME: _____

PARENTS OR GUARDIANS NAMES: _____

ADDRESS: _____
STREET NAME/PO BOX

_____ CITY STATE ZIP

PARENT'S HOME PHONE: _____

PARENT'S CELL PHONE: _____

BREED OF HEIFERS: _____

BREEDER'S NAME: _____

HEIFERS DATE OF BIRTH: (MONTH/YEAR) _____

CLASS: (circle one) I II III

BELOW TO BE FILLED OUT BY COMMERCIAL HEIFER COMMITTEE

VLS TAG # _____ VACCINATION TATTOO _____
VLS TAG # _____ VACCINATION TATTOO _____
VLS TAG # _____ VACCINATION TATTOO _____