



# JR. COMMERCIAL HEIFER SHOW EXHIBITOR INFORMATION SHEET

EXHIBITOR'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
STREET NAME/PO BOX

CITY STATE ZIP

4-H CLUB OR FFA CHAPTER NAME: \_\_\_\_\_

PARENTS OR GUARDIANS NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET NAME/PO BOX

(if different than exhibitor's) \_\_\_\_\_  
CITY STATE ZIP

PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BREED OF HEIFERS: \_\_\_\_\_

BREEDER'S NAME: \_\_\_\_\_

HEIFERS DATE OF BIRTH: (MONTH/YEAR) \_\_\_\_\_

IF BRED OR EXPOSED, BREED OF BULL: \_\_\_\_\_

CLASS: (circle one) I II III

BELOW TO BE FILLED OUT BY COMMERCIAL HEIFER COMMITTEE

VLS TAG # \_\_\_\_\_ VACCINATION TATTOO \_\_\_\_\_

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VLS TAG # \_\_\_\_\_ VACCINATION TATTOO \_\_\_\_\_

NOTES/COMMENTS: