MARKET ANIMAL EXHIBITOR INFORMATION FORM

Name:	Phone No	() Beef () Sheep () Swine
Address:		() Rabbits() Poultry() Meat Goat
List name, address, and premise ID# of your project animal(s).	where you will be housing	Premise ID#
How much time will you spend on this p	roject?	
What do you hope to learn from your m	arket animal project?	
If you are unable to house your project animal(s) at your home location, please answer the following questions:		
Why are you unable to house and care	for your project animal(s) at you	r premises?
What feeding and financial arrangeme house your animal(s)?	nts will you have with the individu	ual who will
What relationship is the person named a	above to you?	
Exhibitor's signature	Parent's signature	 Date

Check Species

Return to: 4-H Office, Market Animal Committee, 206 Court Street, Chilton, WI 53014.

Deadline: Beef-March 1; Swine, Sheep & Market Goats -April 20; Rabbits and Poultry-June 1.

The Market Animal Committee may do random checks.