

HUNTERDON COUNTY 4-H INVITATIONAL SHEEP SHOW ENTRY FORM

Date Received: _____

Member's Name: _____ Grade Completed: _____ # of Years Showing Sheep in 4-H: _____
(include this year but not Prep/Cloverbud years)

Address (Street, city, state, zip): _____

Home Phone: _____ Member's Cell: _____ Email: _____

Parent's Cell: _____ Email: _____

Club Name: _____ Leader(s): _____

NO ENTRIES ACCEPTED AFTER AUGUST 1ST.

Entry form should be sent to: Susan Miller, 101 Old Clinton Road, Flemington, NJ 08822 or Email: susanbuchananmiller@gmail.com

Member's Signature	Date	Leader's Signature	Date
Class: _____ Breed: _____		Class: _____ Breed: _____	Class: _____ Breed: _____
Birth Date: _____ Sex: _____		Birth Date: _____ Sex: _____	Birth Date: _____ Sex: _____
Registration #: _____ Ear Tag #: _____		Registration #: _____ Ear Tag #: _____	Registration #: _____ Ear Tag #: _____
Bred & Owned: Yes No (circle one)		Bred & Owned: Yes No (circle one)	Bred & Owned: Yes No (circle one)
Meat Breed Wool Breed (circle one)		Meat Breed Wool Breed (circle one)	Meat Breed Wool Breed (circle one)
Class: _____ Breed: _____			Exhibitor's Flock: _____
Birth Date: _____ Sex: _____			Young Exhibitor's Flock: _____
Registration #: _____ Ear Tag #: _____			Please indicate with an "X" if you plan to exhibit in this class. Is the flock entry combined with another family member? Yes or No (please circle) List Name: _____
Bred & Owned: Yes No (circle one)			
Meat Breed Wool Breed (circle one)			