

Open Bucket Bottle

Registration Form

Livestock Name _____ ID Tag _____

Livestock Species _____ DOB _____

Exhibitor's Name _____

School You Attend _____

Age _____ Grade _____ Shirt Size _____

Parent/Guardian Name _____

Address _____

Phone # _____

Email _____

Contact Sharis Claver with any questions. 641-799-4085