|   |   | AgGe          |                    |                  | Y FORM<br>edit Junior H   | leifer Show   |                |              |
|---|---|---------------|--------------------|------------------|---|---------------|----------------|--------------|
|   |   | _             | _                  |                  | 11, 2025 – 9  |               |                |              |
| Exhibitor Name  | Exhibitor Age:  |               |                    | Grade in School: |   |               |                |              |
| Exhibitor Addre   | 4-H:  |               |                    | FFA:             |   |               |                |              |
| City/State/Zip:   |   |               | County or Chapter: |                  | Phone:  |               |                |              |
| Heifer  | Birth Date  Ma/Day/Vr  Tag #  |               | T-44               |                  |   | ck One:       | If Registered: | Registration |
| Information   | Mo/Day/Yr   |               | Tatto              | 00               | Commercial  | Registered    | List Breed     | Number       |
| 1 <sup>st</sup>   |   |               |                    |                  |   |               |                |              |
| 2 <sup>nd</sup>   |   |               |                    |                  |   |               |                |              |
| 3 <sup>rd</sup>   |   |               |                    |                  |   |               |                |              |
| \$20 Entry Fee Per Heifer must accompany this entry form. Entries must be received by December 6 <sup>h</sup> . to be eligible to show. |   |               |                    | ries             | Total Amount: Entries \$  Make checks payable to: North Region FFA Entry Deadline: December 6, 2024 |               |                |              |
| show day, and th  | nt the exhibitor has main<br>that the exhibitor complicated and able or entry will be r | es with all 1 |                    |                  |   |               |                |              |
| Signature of Exhibitor  |   |               |                    |                  | Signatu<br>Email_   | are of Parent |                |              |
| Signature of Teacher  |   |               |                    | -OR-             | - Signatu   | are of Agent  |                |              |

Mail this form to: Kent Benson, 1420 Experiment Station Road, Watkinsville, GA 30677 by December 6, 2024. PLEASE USE ONE ENTRY FORM PER EXHIBITOR. DUPLICATE THIS FORM AS NEEDED.