

4-H/FFA Beef Heifer Replacement Project



Please Turn this form into the Fair Office or at the beef weigh-in on January 20, 2025.

Member's Name: _____
Club/Chapter: _____

Indicate Positive Identification Here

Heifer's Name _____ Date Born: _____

Ear Tag #: _____ Bangs Vaccination Tag I.D.#: _____

Breed: _____ Date Bought: _____

Service Sire: (Name, Registration #, or AI Code #) _____

Registered Grade

Heifer Pedigree- Please Attach registration papers

Sire: (Name, Registration #, or AI Code #) _____

Dam: (Name, Registration #, or AI Code #) _____

I will participate and agree to the requirements written in this Beef Heifer Project Agreement.

Signature of Member

Club or Chapter & County

Address

Phone Number

City

Signature of 4-H Staff, Beef Leader or FFA Advisor

Signature of Parent

- Attachments:** Registration Papers-if registered
Breeding Certificate or statement
Bill of Sale- Required at fair scales
Brand Inspection- Required at fair scales