

JR COMMERCIAL HEIFER VALIDATION FORM

(PLEASE PRINT)

Name of Exhibitor: _____

Mailing Address: _____
ADDRESS CITY ZIP CODE

Birth Date of Exhibitor: _____ Phone Number: _____
MONTH/DAY/YEAR

FFA/4-H Chapter: _____ County: _____

FFA/4-H Advisor Name: _____

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TO BE COMPLETED BY SHOW OFFICIALS

Ear Tag Number: _____ Tattoo: _____

Validation Fee Paid: \$10 Paid _____
SHOW OFFICIAL INITIALS