

BREEDING GILT REGISTRATION

Name _____ Age _____

Address _____

Phone No. _____ Club Name _____ City _____ Zip _____

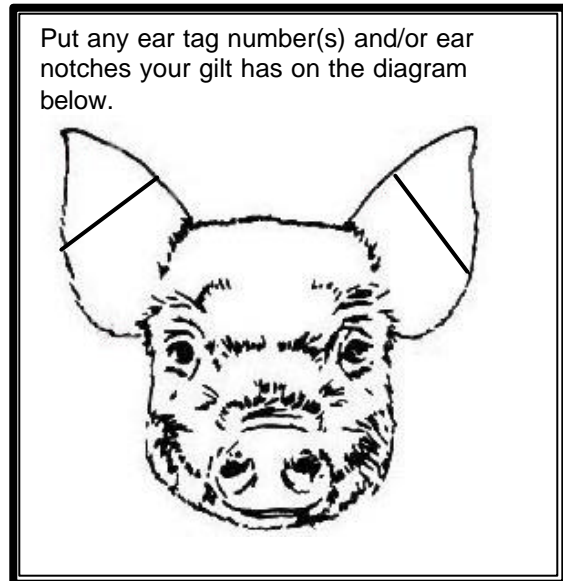
Name/Address where gilts will be housed _____

Tattoo No./Ear Notch _____

Breed _____

Color/Markings _____

Athens Co. Born? Yes No



1. Refer to the appropriate sections in the Project Requirements for a complete set of rules pertaining to Breeding Gilts.
2. All breeding gilts must be in the exhibitor's possession and continual care by May 1.
3. **It is the 4-H member's responsibility to return this completed form to the Extension Office by the second Wednesday in May.**

By signing this registration form, we the 4-H member and parents/guardians, agree to abide by the guidelines, rules, and laws set forth by the Ohio Department of Agriculture, Athens County Senior Fair Board, and the Athens County 4-H Committee. (This must be signed by both the 4-H member and their parents/guardians.)

Signature of 4-H Member _____

Signature of 4-H Parents/Guardians _____

THIS FORM MUST BE RETURNED TO THE ATHENS COUNTY EXTENSION OFFICE BY THE SECOND WEDNESDAY IN MAY.