

INITIAL WEIGH IN
BEEF

COOL Papers Received _____
Premise ID # _____

20__
EAU CLAIRE COUNTY FAIR MEAT ANIMAL PROJECT

Name _____ 4-H Club/Chapter _____

Address _____ Phone _____

City _____ Zip _____

Weigh Date: December ____, 20: _____

Number of animals weighed: _____

Other members with livestock at this premise: _____

ANIMAL INFORMATION

BREED	BIRTHDATE	EAR TAG NO	BEG WEIGHT	FAIR WEIGHT

Signature of Exhibitor or Parent/Guardian

Signature of Extension Agent, Agri-Science Instructor or other person weighing & identifying animals.

****A \$3.00 weigh-in fee per animal plus a \$20.00 family fee must accompany this form.**

For office use ONLY

Date Received _____

Weigh-In Payment Received _____

\$10.00 Family/Banquet Fee Received _____