

INITIAL WEIGH IN
SHEEP

COOL Papers Received _____
Premise ID # _____

20__
EAU CLAIRE COUNTY FAIR MEAT ANIMAL PROJECT

Name _____ 4-H Club/Chapter _____

Address _____ Phone _____

City _____ Zip _____

Weigh Date: April __ , 20__

Number of animals weighed: _____

Other members with livestock at this premise: _____

ANIMAL INFORMATION

<u>EAR TAG NO</u>	<u>BEG WEIGHT</u>	<u>FAIR WEIGHT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.**

Date Received _____

For Office Use ONLY

Weigh-In Payment Received _____

\$10.00 Family/Banquet Fee Received _____