



Bucket Bottle Identification Report

Name of 4H'er _____

Address _____ Town _____ Zip _____

Name of Club _____

Grade in School _____ Telephone () _____

Signature of 4-H Member

Signature of Parent/Guardian

Registration Number, Ear Tag or Tattoo	Birthdate Mo-day-year	Registered or Grade	Breed



Return to the Jackson County Extension Office by May 15