OPEN BOTTLE/BUCKET GOAT IDENTIFICATION
FORM DUE BY MAY 15, 2021

Attach photo of youth with goat here.

Exhibitor's Name:_____

Address:_____

City:_____ Zip Code:_____ County:_____

Telephone:_____ Current Grade: K 1 2 3 4
(please circle grade)

* * * * *

I hereby certify that I have an active role in the care of the goat(s) in my bottle/bucket goat project.

Signature of Exhibitor:_____

* * * * *

I,_____parent/guardian of_____
PARENT/GUARDIAN'S NAME EXHIBITOR'S NAME

certify that he/she has permission to participate in the bottle goat class at the Central Iowa Fair. I am confident my child can handle the goat that he/she is showing. I will hold harmless the Marshall County Extension Service, the Central Iowa Fair and their agents in case of injury or accident.

_____

Parent/Guardian's signature **Date** **Phone**

Goat's Name: _____

Goat's Birth Date:_____

Breed:_____

Return completed form and a picture of goat with the exhibitor, **by May 15,** to the Extension office located at 2608 S. 2nd Street, Suite E in Marshalltown or by email to mcarl@iastate.edu

Central Iowa Fair entries due on Fairentry.com by June 15, 2021.