

OPEN BOTTLE/BUCKET LAMB IDENTIFICATION FORM

DUE BY MAY 15, 2021

Attach photo
of youth with
lamb 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 lamb(s) in my bottle/bucket lamb 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 lamb class at the Central Iowa Fair. I am confident my child can handle the lamb 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
_____	_____	_____

Lamb's Name: _____

Lamb's Birth Date: _____

Breed: _____



Return completed form and a picture of lamb 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 entry is due on fairentry.com by June 15, 2021.