

**OPEN NOVICE DAIRY IDENTIFICATION FORM
DUE BY MAY 15, 2021**

Attach photo of youth with dairy calf here.

Exhibitor's Name: _____

Address: _____

City: _____ Zip Code: _____ County: _____

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

I hereby certify that I have an active role in the care of the calf in my novice dairy 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 novice dairy class at the Central Iowa Fair. I am confident my child can handle the dairy calf 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

Calf's Name: _____

Calf's Birth Date: _____

Breed: _____

Tag Number: _____



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

Central Iowa Fair entry is due on fairentry.com by June 15, 2021