

**Washington County Share-A-Calf Program
-- Application Form --**

Name _____ Phone _____

Address _____ City & Zip _____

Parents or Guardian _____

Age _____ Years in 4-H or FFA Club Work _____ Grade _____

4-H Club or FFA Chapter _____

Which large animal projects have you had in prior years?

<u>Project</u>	<u>Number of Years</u>
_____ Market Beef	_____
_____ Breeding Beef	_____
_____ Dairy	_____
_____ Swine	_____
_____ Sheep	_____
_____ Horse	_____
_____ None	_____

What facilities would you have to care for the Calf?

<u>Check</u>	<u>Describe</u>
_____ Fenced Lot	_____
_____ Shed	_____
_____ Bunk	_____
_____ Water	_____

Would this be (check one) _____ your only market beef animal or _____ will have 1 or 2 others

Would this beef animal be in a separate area from other animals such as pigs, sheep, horses, etc? Yes _____ No _____

Why I would like to participate in the Share-A-Calf Program: _____

Application form due in Extension Office by November 15th

-Over-

If I am awarded a Share-A-Calf,

I agree to accept the calf whose number I draw on beef weigh-in day in December;

I agree to carry a life insurance policy on a minimum of the value of the calf

(December) so that in case of loss, the donor can be paid in full (insurance will be available on weigh-in day);

I agree to be responsible for normal feedlot care, management and health—to provide feed, water and to pay all feed and health costs;

I agree to prepare and show calf at the Washington County Fair, including carcass class;

I agree to pay the owner the beginning value of the calf within 10 days after the calf is marketed.

I AGREE THAT MY SHARE-A-CALF WILL BE FED WITH ANOTHER HEAD OF BEEF

Signed _____ (4-H or FFA member) _____ (date)

I am interested in my son or daughter participating in the Share-A-Calf Program and am aware of the details and responsibilities specified in this agreement.

Signed _____ (parent or guardian) _____ (date)

Leader's Recommendations:

Signed _____ (leader) _____ (date)