OPEN TO ALL JUNIOR LIVESTOCK EXHIBITORS IN STATE OF GEORGIA

WASHINGTON AREA JUNIOR **STEER** SHOW January 31 – February 1, 2025 McGill- Woodruff AG Center; 136 Campbell Street; Washington, Georgia 30673

INCOMPLETE FORMS WILL BE RETURNED

STEER OFFICIAL ENTRY FORM ONLY ONE ENTRY PER FORM

\$30.00 Entry Fee and Exhibitor picture must accompany this entry. Make check payable to <u>Washington Area Steer and</u> <u>Heifer Show</u> and **postmarked by <u>January 3, 2025</u>** to: Carol Jackson, P. O. Box 715; Washington, GA 30673.

Late Entry Fee of \$40.00 and exhibitor picture if postmarked by January 17, 2025!

Name of Exhibitor		Exhibitor's Age		
Exhibitor's Mailing Address				
Town	State	Zip Code	2	
Phone Number: Home:		Cell:		
Organization - 4-H [] FFA [] Co	ounty or Chapter	Grade in Schoo	l	
E-Mail Address:				

Breed	Tag	AND Tattoo		
(Be specific) Breeder of Steer				
	Address		Phone No.	
*Must be from 13 Counties in ***********************************	n the Washington Area J			
	********************	********	*****	
All show participants must meet the regulations.				

(Signature of Exhibitor)

care for the steer from the time of entry until show day.

(Signature of Parent)

(Signature of Breeder)

(Signature of Co Agent or Vo-Ag Teacher)

OPEN TO ALL JUNIOR LIVESTOCK EXHIBITORS IN STATE OF GEORGIA

WASHINGTON AREA JUNIOR **HEIFER** SHOW January 31 – February 1, 2025 McGill-Woodruff AG Center; 136 Campbell Street; Washington, Georgia 30673

INCOMPLETE FORMS WILL BE RETURNED

HEIFER OFFICIAL ENTRY FORM ONLY ONE ENTRY PER FORM

\$30.00 Entry Fee and Exhibitor picture must accompany this entry. Make check payable to <u>Washington Area Steer and</u> <u>Heifer Show</u> and **postmarked by <u>January 3, 2025</u>** to: Carol Jackson, P. O. Box 715; Washington, GA 30673.

Late Entry Fee of \$40.00 and exhibitor picture if postmarked by January 17, 2025!

Name of Exhibitor		Exhibitor's Age			
Exhibitor's Mailing Address					
Town	State	Zip	Code		
Phone Number: Home		Cell			
Organization - 4-H [] FFA []	County or Chapter _	Grade in So	chool		
E-Mail Address:					
**************************************		*****	***********		
Birthday	Tag	_ Tattoo	Homegrown*		
Breeder of Heifer					
**************************************	****	*****	***************		
DIVISION	BREED				
		(Be specific)			
Name	Registra	tion No			
Breeder of Heifer					
		Address	Phone No. nd Heifer Show Area*		
All show participants must meet the	requirements of event a	s well as local school, cl	napter and club regulations.		
I, or we, do hereby certify that the al from the time of entry until show da		nuous ownership, posses	ssion and provide daily care for the heifer		
(Signature of Exhibitor)	_	(Signatur	e of Parent)		