



shebco.mas@gmail.com

SHEBOYGAN COUNTY MEAT ANIMAL SALE

P.O. Box 115 Plymouth, WI 53073

Exhibitor Name _____
Phone _____ Email _____
4H Club or FFA Organization _____
Address _____
Parents Names _____

Ear Tag	Sex	Specie	Ear Tag	Sex	Specie		

(All Beef Exhibitors must label their animal as Beef or Dairy)

Ear Tags not listed on this slip will be ineligible to be used by above Exhibitor to qualify for the Sheboygan County Meat Animal Sale.

I hereby certify I understand this year's Meat Animal Sale Rules. Failure to comply with any Sheboygan County Meat Animal Sale rule will result in individual youth being ineligible to sell in the following Meat Animal Sale.

SIGN: _____ DATE: _____

Parent Signature required if exhibitor is under 18 years of age.

Parent Signature: _____ DATE _____

**Send to: Sheboygan County Meat Animal Sale
PO Box 115
Plymouth, WI 53073**