JIM WELLS COUNTY CIRCLE ONE: JUN COUNTY FAIRGROUM FAMILY VALIDATION	OR BEEF HEIFER D DS, 6:00 P.M. TO 8:00		MERCIAL HEIFER DIV	VISION SCRAMB	LE HEIFER DIVISION	DATE & TIME: 1st S.	ATURDAY of AUGUST (08	/05), JIM WELLS		
INSTRUCTIONS: ONE FORM PER FAMIL COMPLETE SECTION 1 PLEASE PRINT PRESENT THIS FORM 7 NOTE: This is <u>not</u> an ent.	FOR EACH EXHIBITO TO VALIDATION OFFI		PROCESSING							
SECTION 1										
NAME(S) OF EXHIBIT List each exhibitor indiv		DATE OF BIRTH	NAME OF 4-H CL (Example: Alice FF	UB OR FFA CHAPTER FA; Lone Star 4-H)		NAME OF SCHOOL (CAMPUS) ATTENDING 2023-2024 (Example: Alice High School; Salazar Elementary)		2024 GRADE 2023-2024		
EXHIBITOR 1.		1>	1>			1>		1>		
EXHIBITOR 2.	XHIBITOR 2. 2>		2>			2>		2>		
EXHIBITOR 3.	EXHIBITOR 3. 3:		3>		3>		3>			
EXHIBITOR 4.		4>	4>		4>		4>			
EXHIBITOR 5.		5>	5>		5>		5>			
EXHIBITOR 6.	R 6. 6> 6>				6>		6>			
			T		~					
EXHIBITOR'S COMPLETE MAILING ADDRESS PHONE NUMBER AND STREET PHYSICAL ADDRESS (LOCATION WHERE ANIMAL(S) WILL BE KEPT) EXHIBITOR'S PHONE NUMBER AND STREET PHYSICAL ADDRESS (LOCATION WHERE ANIMAL(S) WILL BE KEPT) ()						UMBER				
				EMAIL:						
Str	eet; P.O. Box; City; Sta	nte; Zip Code								
NAME OF FATHER OR GUARDIAN NAME OF M				MOTHER OR GUARDIAN						
			TO BE 0	SECTION COMPLETED BY VALI						
EAR TAG #/BRAND	DATE OF BIRTH	BREED	EAR TAG #/BRAND	DATE OF BIRTH	BREED	EAR TAG #/BRAND	DATE OF BIRTH	BREED		