

Bucket Calf

Exhibitor Information:

Name: _____ Age _____

Parent(s) or Guardian: _____

School attends _____ Grade: _____

Calf Information:

Calf 's Name: _____ Breed _____ Age _____

Owner _____

What do you feed your calf? _____

Exhibitor Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____