

MADISON COUNTY HEIFER FUTURITY

ENTRY FORM

Exhibitor: _____ Years in Project: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Email: _____

Division: Heifer Calf

Birthdate: _____ County Tag #: _____

Herd Tag #: _____ Bangs #: _____

Name: _____ Breed: _____

Registration #: (if registered) _____

Description: _____

Division: Bred Heifer

Birthdate: _____ County Tag #: _____

Herd Tag #: _____ Bangs #: _____

Name: _____ Breed: _____

Registration #: (if registered) _____

Description: _____

Division: Cow/Calf Pair

Birthdate: _____ County Tag #: _____

Herd Tag #: _____ Bangs #: _____

Name: _____ Breed: _____

Registration #: (if registered) _____ Calf Birth-Date _____

Description: _____

For Questions contact the Extension Office 356-3191



ALL ENTRY FORMS MUST BE TURNED INTO THE EXTENSION OFFICE BY JUNE 1ST