**Ionia County 4-H Dairy Feeder Designation Form** Return this form to the Ionia MSU Extension Office, 50 E. Sprague Rd., Ionia, MI 48846 Please complete one form per family.

For Office Use Only
Date received:
Do not write in box.

-H Club Name:						
-H Member (exhibitor) Name:				Date of birth	Age as of Jan. 1: _	
-H Member (exhibitor) Name:				Date of birth	Age as of Jan. 1: _	
H-H Member (exhibitor) Name:  H-H Member (exhibitor) Name:						
						Parent Names:
Mailing Address:				E-mail:		
pecific directions for comp	pleting this form ca	n be found on t	he back. Must be fille	ed in completely in pen	or typed.	
RFID Number	Fair Tag #	Dairy or Dairy/Beef Cross (check class)  Bre		s) Breed	Starting Weight	
		☐ Dairy	☐ Dairy/Beef			
		☐ Dairy	☐ Dairy/Beef			
		☐ Dairy	☐ Dairy/Beef			
_		☐ Dairy	☐ Dairy/Beef			
_		☐ Dairy	☐ Dairy/Beef			
		☐ Dairy	☐ Dairy/Beef			
his form must list any and	   all dairy feeder ca	lves to be show	n by your family in a	ny 4-H classes at the Io	onia Free Fair.	
4-H Member signature(s)		Parent/guardian signature			4-H Leader signature	