

2011 NH 4-H SHEEP CLINIC REGISTRATION FORM

(July 15-17, 2011)

REGISTRATION DEADLINE: JUNE 15

One Child per Form

Name: _____ Male: ___ Female: ___ Age: ___

Address: _____
(Street or Route) (City) (State) (Zip)

Phone: _____ DOB: ___/___/___ e-mail: _____

4-H Club/County: _____ Sheep Name/Ear Tag: _____

Sheep DOB*: _____ Breed: _____

*NOTE: Sheep must be born by **March 10, 2011** and must have been vaccinated for Rabies 30 days prior to the clinic.

Circle or Describe Experience with Fitting & Showing Sheep:

No Experience/First Year

Little Experience/Shown Once or Twice

Some Experience/Shown Several Years at Many Shows

Other: _____

Are you enrolled in the Voluntary Scrapie Eradication Program? Yes: _____ No: _____

T-Shirt Size (Circle One): **Youth Sizes:** S M L **Adult Sizes:** S M L XL

Describe any food allergies or restrictions: _____

The cost to attend the clinic is \$20 per 4-H'er. This includes meals, lodging, insurance, and a T-shirt. Make checks payable to NH 4-H Sheep Clinic.

I would like to apply for a scholarship: ___ half ___ full

Estimate how many people will be attending the lunch on Sunday before the show: _____

By signing below, clinic attendee agrees to abide by the NH 4-H Event Youth Code of Conduct and agrees to be responsible for the care taking of his/her animal throughout the entire weekend.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**** Check here if you are a parent interested in volunteering in the kitchen: _____ ****

**Mail registration form, medical care & treatment form, code of conduct, and payment
by June 15 to:**

4-H Sheep Clinic, c/o Jolee Chase, 329 Mast Rd Room 101, Goffstown, NH 03045

Make checks payable to NH 4-H Sheep Clinic

Questions? Contact Jolee Chase at (603) 641-6060 or jolee.chase@unh.edu