

Email:

Name: Address:

Phone:

Club:

City/State/Zip:

Age on Jan. 1

Cass County Fair MARKET BEEF VALIDATION FORM

Breeder Name:

City/State/Zip:

Breeder Address:

Cass County Born and Raised

Club:	X				В	reeder Signature:		
2. All Ma officia Fair. 3. Exhib	arket Beef must be o e the upcoming fair. arket Beef must be b al numbered ear tag itor may only show/s act superintendent an	orought to the (ID inserted on sell the Market and request to sy	Cass County Fairg the first Saturday Beef animal ento vitch validated a	rounds with comp of December (9:0 ered on this validate nimals only with sa	eleted Market B 10 a.m. – 3:00 p tion form. No c	eef Validation Form, be .m.), before the upcominother exhibitor may show	FID ear tag inserted in left ear, no la weighed, enroll in the rate-of-gain ong fair, in order to be able to exhibit w/sell the same animal. EXCEPTION or details.	ontest, and have at the Cass County
Farm	RFID Tag#	Birth	Fair	Weight	CCB&R	BS or BH or DS	Sire	Breed
Tag #	(last 4 digits)	Date	Tag #		Y/N	Beef Steer Beef Heifer Dairy Steer	Sile	breed
Exhibitor !	tering this exhibit, Rules, and that the Signature: egal Guardian Signat	e above Mark	et Beef Animal	(s), are owned b	y me and wer	e in my possession on Date:	oitor Rules and Cass County Fair n or before December 1 of the cu	Livestock Exhibitor Irrent year. CCF11/1
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