

BUCKET BOTTLE CALF ENTRY FORM
\$5.00 Entry Fee
Return to the Extension office by July 25th, 2025

Name: _____ Grade as of May 2025: _____

4-H Club Name (if currently a member): _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____ City, State, Zip: _____

Telephone No.: _____

Make check payable to Mitchell Co. Ag Society

Office Use Only: Tag #: _____ Paid: _____

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