

**BUCKET BOTTLE CALF ENTRY FORM**  
**\$5.00 Entry Fee**  
**Return to the Extension office by July 24th, 2026**

Name: \_\_\_\_\_ Grade as of May 2026: \_\_\_\_\_

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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