



MARKET GOAT APPLICATION

NAME: _____ PHONE #: _____

ADDRESS: _____ POSTAL CODE: _____

PARENT/GUARDIAN: _____ EMAIL: _____

COUNTY: _____ 4-H CLUB: _____

Number of years in the Goat Project: _____

Number of years in the Market Goat Project: _____

Breed of Goat to be shown: _____ Birth Date of animal: _____

Date you obtained the Market Lamb: _____ RFID Tag #: _____

COMMITMENT TO THIS PROJECT

I hereby agree to abide by the rules, regulations and decisions of the 4-H Nova Scotia Market Committee and to compete in this project in a sportsmanlike manner. It is my responsibility to check and ensure my application has been received by the deadline date. I understand my responsibilities that are associated with the Market Goat Project.

Member's Signature _____

I have read the 4-H Market Goat application and Newsletter. I know the responsibilities my child is undertaking.

Parents Signature _____

Return this form on or before June 30th of the current year to the 4-H Nova Scotia Market Committee, C/O Carolyn Gibson PO Box 30066, Robie PO, Truro, NS B2N 7J1 or Fax: 902-843-3980, or Email carolyn.gibson@4hnovascotia.ca .