



MARKET LAMB APPLICATION

NAME: _____ PHONE #: _____

ADDRESS: _____ POSTAL CODE: _____

PARENT/GUARDIAN: _____ EMAIL: _____

COUNTY: _____ 4-H CLUB: _____

Number of years in the Sheep Project: _____

Number of years in the Market Lamb Project: _____

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

Date you obtained the market lamb: _____ RFID Tag #: _____

NOTE: In order to show your Market Lamb in the auction at the 4-H Nova Scotia Provincial Show, the Canadian Sheep Federation's (CSF) approved RFID tag number must be the one that is recorded with the 4-H Nova Scotia Market Committee C/O Carolyn Gibson PO Box 30066, Robie PO, Truro, NS B2N 7J1 Fax 902-843-3980 and email: carolyn.gibson@4hnovascotia.ca . As a result of not having the same recorded RFID tag number, you will be disqualified from the auction.

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 Lamb Project.

Member's Signature _____

I have read the 4-H Market Lamb 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 .