

MARKET TURKEY APPLICATION



NAME: _____ PHONE #: _____

ADDRESS: _____ POSTAL CODE: _____

PARENT/GUARDIAN: _____ EMAIL: _____

COUNTY: _____ 4-H CLUB: _____

Number of years in the Poultry Project: _____

Number of years in the Market Turkey Project: _____

OBTAINING YOUR TURKEYS

Members are responsible for purchasing their own turkeys but should keep in mind the desired weights for the sale as outline in the Market Turkey Newsletter. In the past most turkeys were hatched in late April and early May to achieve the desired weight.

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 Turkey Project.

Member's Signature _____

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

Parents Signature _____

Return this form on or before March 1st 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 .