HILLSDALE COUNTY FAIR GOAT PROJECT
CHECK-IN / CHECK-OUT SHEET

Use ONE check-in sheet for each EXHIBITOR* Pens will be assigned during check-in
* PLEASE PRINT NEATLY *

Exhibitor Name _____

Parents Names _____&_____

Address _____City _____State _____ ZIP_____

Age _____   4-H Club _____

Phone # (Emergency Contact #) _____-_____-_____Cell # _____-_____-_____

Dairy Breeder Goats

Goat Breed- _____Age _____
Tag / Tattoo -_____
Goat Breed- _____Age _____
Tag / Tattoo- _____
Goat Breed- _____Age _____
Tag / Tattoo- _____
Goat Breed- _____Age _____
Tag / Tattoo- _____

Dairy Market Goats

ID Tag # _____ Fair Tag #_____
ID Tag # _____ Fair Tag #_____

Meat Type Market Goat

ID Tag # _____ Fair Tag #_____
ID Tag # _____ Fair Tag #_____

Meat Type Breeder Goats

Goat Breed- _____Age _____
Tag / Tattoo -_____
Goat Breed- _____Age _____
Tag / Tattoo- _____
Goat Breed- _____Age _____
Tag / Tattoo- _____
Goat Breed- _____Age _____
Tag / Tattoo- _____

Goating Around Show
(Only fill them in here if they are not Showing on Monday)
(If it's the same goat for only put them down once)

Costume ID Tag #_____
Pack JR ID Tag # _____
Pack SR ID Tag # _____
Cart Goat ID Tag # _____
Rally Goat ID Tag #_____