## OCEANA COUNTY 4-H MARKET LIVESTOCK EDUCATIONAL NOTEBOOK/RECORD

STEER PROJECT – 2026 (ages 10-19)



As a member of the 4-H Market Livestock Steer Project, you are required to submit your records as part of an educational project notebook in order to sell your animal at the 4-H Market Livestock Sale. This notebook <u>must</u> be shown to the Oceana County 4-H Market Livestock Committee's Weighmaster at the time of weigh-in and then entered by you in the Educational Notebook Division of the Oceana County Fair on Entry Day.

Lifty Day.
AGE:
The age you enter depends on how old you are or will be on January 1, 2026
Number of years in project: (Do not include any feeder calf or young beef years)  Use this sheet as the first page of your project record book. Fill it out completely.  Please print neatly.
NAME
4-H CLUB
BREED
STEER'S NAME
LOCATION WHERE ANIMAL IS RAISED



### JUDGE'S SCORE/COMMENT SHEET

## (PLEASE DO NOT REMOVE, PLACE THIS SHEET IN SHEET PROTECTOR OR GLUE TO COVER). This sheet must be kept free for the judge to write their comments.

This sheet should help each 4-H'er understand their ribbon placing.

A. Specific educational value or worth
All questions were answered completely
All calculations were correct
Calculations were incorrect
Questions were not completely answered
Questions were not answered (missed questions)
B. Notebook contains all project records
Notebook contained all project records and were fully completed
Notebook contained additional project information (research materials, etc)
Project records were incomplete
There was no additional project related information
C. Accuracy, neatness and general appearance
Notebook was neat in appearance (typed/hand printed)
Notebook was neat in appearance (typed/hand printed)Notebook pages were clean and stain free
Notebook pages were clean and stain free
Notebook pages were clean and stain freeNotebook pages were in order and complete
Notebook pages were clean and stain freeNotebook pages were in order and completeNotebook pages were out of order and missing pages
Notebook pages were clean and stain freeNotebook pages were in order and completeNotebook pages were out of order and missing pagesNotebook was difficult to read and messy

# 4-H MARKET LIVESTOCK STEER NOTEBOOK TABLE OF CONTENTS

Please keep your notebook in Table of Contents order.

- 1) GENERAL GUIDELINE INFORMATION
- 2) JOURNAL OF CARE SUMMARY
- 3) PROJECT INFORMATION
- 4) YOUR PROJECT INFORMATION
- 5) BUYERS NAMES
- 6) PICTURES OF YOUR PROJECT (1 page minimum, more optional)
- 7) CLUB/NON-CLUB POINT SHEET

#### APPENDIXES (OPTIONAL):

- A. PICTURE OF YOUR PROJECT (additional pictures)
- B. FEED INFORMATION (example: feed labels etc.)
- C. ADDITIONAL INFORMATION ABOUT YOUR PROJECT
  - a. Information you found in reference materials
  - b. Worksheets done with your club or on your own
  - c. Information you located off the internet
  - d. Information gathered from your feed representative
- D. ANY OTHER INFORMATION
  - \* Include notes as to why you researched this information and found it valuable, link it to your project if possible.

This record book is part of your 4-H Market Steer Project. By keeping records up-to-date you will be able to see how much progress you make as you set goals and work to accomplish them. Write neatly and clearly. Feel free to add extra pages.

#### **PROJECT PICTURES**

Pictures are a required part of this notebook. Taking pictures of your project animal throughout the project will indicate how your animal has grown and developed. Add pictures to your notebook on a separate piece of paper.

#### **SCORING CRITERIA**

The following breakdown will be used during the judging process of all market livestock notebooks.

A.	Specific educational value or worth	30%
B.	Creative way of showing what has been learned	10%
C.	Notebook contains all project records	50%
D.	Accuracy, neatness and general appearance	10%

The Oceana County 4-H Market Livestock Committee encourages 4-H Leader and parent assistance with your project and project notebook. If you should have any questions, please contact the MSU Extension Office.

I, assisted Parent/Leader/Adult Name	in 4-Her's Name
understanding the questions and writing the answer 4-Her.	s. All answers are those of the
Signature of person helping with notebook  If written help was needed	

## **JOURNAL OF CARE SUMMARY**

The 4-H Market Livestock Committee is <u>requiring all</u> 4-H Market Livestock members to complete the "Journal of Care" so the judge may see the time, effort and care you have put into learning about your animal. What did you do to keep your animal healthy and prepare them for fair?

** Include things such as walked, fed, washed, clipped, trimmed, foot of medicines, general maintenance (cleaning living & feed area), halter by vaccinated, etc. **please attach additional sheet for more room.	
I,, do attest and certify the (property owner name-please print-if parent put parent's name)	nat this 4-Her has cared for
animal in a responsible manner while housed on my propert integrity & responsibility are important to this 4-H experience.	y. I also understand that
Signature of Property Owner or Parent If housed on own property.	Date

## **PROJECT INFORMATION**

than Dec. 1st of the current project year. The end of the project will be weigh-in at fair.						
Project Start Date:	Project End Date:	Fair Haul-In Day				
What month was your steer born?	· · · · · · · · · · · · · · · · · · ·					
Please fill in the following information about you	ır steer.					

Steer's Name	Steer's RFID Number	Breed	Date of Purchase	Price or Value	Starting Weight	Ending/Final Weight <b>(FW)</b>	Total Pounds Gained

Note: Ending Weight - Starting Weight = Total Pounds Gained

## **MONTHLY FEED RECORD & EXPENSES**

Month	Type of feed used- (Grain, silage, hay, pasture, etc.)	Supplements (if any used)	Amount (Indicate lbs., bales, etc.)	Cost or Value of feed used for the month
December				
January				

## **MONTHLY FEED RECORD & EXPENSES (cont.)**

Month	Type of feed used-	Supplements	Amount	Cost or Value of
	Type of feed used- (Grain, silage, hay, pasture, etc.)	(if any used)	(Indicate lbs., bales, etc.)	feed used for the month
February	, ,		,	
March				
IVIAICII				
April				
May				

## **MONTHLY FEED RECORD & EXPENSES (cont.)**

Month	Type of feed used- (Grain, silage, hay, pasture, etc.)	Supplements (if any used)	Amount (Indicate lbs., bales, etc.)	Cost or Value of feed used for the month
June				
July				
August				
Column Totals				

Total Feed Costs for Project \$\_\_\_\_\_

## **EXPENSES OTHER THAN FEED**

The 4-H Market Livestock Committee would like you to keep a running list of all your expenses -- veterinary charges, bedding, insecticides, trucking, insurance, interest paid on money borrowed, housing etc. Even if housed on your farm there is a cost to house them for electricity, bedding, etc. Paid by someone, it needs to be included.

	Vet Charges	Bedding	Insecticides	Equipment/Fitting & Showing Supplies	Trucking	Housing/ Rent	Shearing or Clipping	Advertising/ Marketing	Miscellaneous (specify)	Buyers Recognition	MONTHLY TOTAL
DEC											
JAN											
FEB											
MAR											
APR											
MAY											
JUNE											
JULY											
AUG											
TOTALS											

## **PROJECT EFFICIENCY INFORMATION**

Value of Animal at Tir	ne of Purchase =				
	<u>.</u>	=			
Total lbs. of Gain (from page 3)	Days on Feed		Average	e Daily Rate o	of Gain
÷		=			
Total Feed Cost	Total lbs. of Gain		Feed Cos	st per Lbs. of (	Gain
	÷	<del></del> =	=		
Total lbs. of feed fed	Total lbs. of	gain	Lbs.	of Feed fed p	er lbs. of Gain
	+		=		(TE
Total Feed Expense	Cost of Animal	Other Exp	oenses	Total Project	ct Expense
	by the pound at a Lared to get at the Large N	•			
Total Expenses (TE)	Final Weight <b>(FW)</b>			en Price ( <b>BE</b> ) und to raise y	your animal)
What is the current se	elling price of beef (per	· lb.)?			· · · · · · · · · · · · · · · · · · ·
	e current selling price? erson, ask them where th		nformation	1)	
Would you have been	able to make a profit	selling on t	he open i	market?	
Why or why not?					

## **YOUR PROJECT**

(please answer to the best of your ability)

1. What is one interesting thing that happened with your animal this year?				
2. What are 2 marketable features of your animal that you would share with potential buyers?				
What feature(s) of your market steer could use improvement?				

#### **POTENTIAL BUYERS NAMES**

As part of your 4-H Market Livestock Project, you must personally contact at least 3 (three) potential buyers before the Oceana County Fair. You are encouraged to try to seek at least 1 new buyer that have not been asked or submitted before. Three different buyers than those of your siblings are required, in the market livestock project. Please confirm with your buyers their accurate mailing address (example: post office box vs. a street address). The information on page 9 must be completed and taken to the Oceana County MSU Extension Office on or before the due date where it will be **copied** and used to send out letters to your potential buyers. This page will remain in your notebooks. This is a Market Livestock Committee rule. Failure to comply will result in not being able to sell your animal in the 4-H Market Livestock Sale.

Stamp	
Staff	

# 4-H MARKET LIVESTOCK POTENTIAL BUYER'S LIST STEER PROJECT

Name Club  Please print business names and complete addresses				
Please print business names and complete addresses	clearly.			
1. Contact Name				
Business Name	· · · · · · · · · · · · · · · · · · ·			
Mailing AddressCity	Zip			
Phone After Hours Phone	After Hours Phone			
Mailing Preference (Please Check One): Email Postal Delive	ery			
Email				
Signature				
2. Contact Name	<u> </u>			
Business Name				
Mailing AddressCity	Zip			
Phone After Hours Phone				
Mailing Preference (Please Check One): Email Postal Delive	ery			
Email				
Signature				
B. Contact Name				
Business Name				
Mailing AddressCity				
Phone After Hours Phone	· · · · · · · · · · · · · · · · · · ·			
Mailing Preference (Please Check One): Email Postal Delive	ery			
Email				

(Must be stamped by the MSU Extension Office)

Stamp	
Staff	_

If you would like to contact additional buyers, you can use this page. If not, please remove this page.

Mailing Address City Zip Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email Signature	Contact Name				
Mailing Address City Zip_ Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Contact Name  Business Name City Zip Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Contact Name  Business Name  Mailing Address City Zip Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery					
Mailing Preference (Please Check One): Email Postal Delivery  Email Signature  Signature  Contact Name Business Name City Zip Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Contact Name  Business Name  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery					
Email	Phone	After Hours Phone			
Contact Name Business Name Mailing Address City Zip Phone After Hours Phone  Email Signature  Contact Name Business Name Business Name Mailing Address City Zip Phone After Hours Phone  Mailing Address City Zip Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Mailing Preference (Please Ch	eck One): Email Postal Deliver	y		
Business Name  Mailing Address City Zip_ Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Contact Name  Business Name  Mailing Address City Zip_ Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Email				
Business Name  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Contact Name  Business Name  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Signature				
Business Name  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Contact Name  Business Name  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery					
Mailing Address City Zip_ Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Signature  Business Name  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Contact Name				
Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery  Email  Signature  Business Name  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Business Name				
Mailing Preference (Please Check One): Email Postal Delivery  Email Signature  Contact Name Business Name Mailing Address City Zip Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Mailing Address				
EmailSignatureSignatureSignature	Phone				
Signature  Contact Name  Business Name  Mailing Address City Zip_  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Mailing Preference (Please Ch	eck One): Email Postal Deliver	у		
Business Name City Zip  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Email				
Business Name City Zip  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery	Signature				
Business Name City Zip  Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery					
Mailing Address City Zip  Phone After Hours Phone  Mailing Preference (Please Check One): Email Postal Delivery					
Phone After Hours Phone Mailing Preference (Please Check One): Email Postal Delivery	Business Name				
Mailing Preference (Please Check One): Email Postal Delivery	Mailing Address	City	Zip		
· · · · · · · · · · · · · · · · · · ·	Phone	After Hours Phone			
Email	Mailing Preference (Please Ch	eck One): Email Postal Deliver	у		
	Email				
Signature					

## **YOUR PROJECT PICTURES**

(Please use this page for your project pictures. If you have more than 1 page of pictures please use the appendix section to include those pictures. The judges like if you caption your photos so they know what they are viewing)

## **NON-CLUB POINTS**

## MARKET LIVESTOCK ANIMAL ASSOCATION PROJECT ATTENDANCE RECORD

(This must be filled out before presenting for signatures at the office.)

MEETING NAME	LOCATION	DATE	POINTS	SIGNATURE OF LEADER, SUPERINTENDENT OR MSU STAFF

Please note: This form must be included with your record notebook and turned into the weigh master on entry day of the Fair. **BEFORE SEEKING SIGNATURES AT MSU EXTENSION – MEETING NAME AND DATE MUST BE COMPLETED**. You need to accumulate **nine (9) points** to be allowed to sell your animal. **Six (6)** of these **nine (9) points** must come from club meetings. **Two (2)** of these 9 points are non-club points must be earned from attending various 4-H events and activities. **One (1)** of these 9 points must be a fairgrounds workbee point. **No more than 2 non-club points can be earned from fairgrounds workbees**. See your leader, the MSUE office, or online at <a href="https://www.canr.msu.edu/oceana/oceana county 4 h/oceana 4 h market livestock">https://www.canr.msu.edu/oceana/oceana county 4 h/oceana 4 h market livestock</a> for a listing of approved nonclub points.

## **CLUB POINTS**

## MARKET LIVESTOCK ATTENDANCE RECORD

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