

Valencia County
Select Beef Heifer Replacement Project
Application

Applicant Information:

Applicant Name: _____

Address: _____ City, State, Zip: _____

Birth Date: ___/___/___ Age: _____

Home Phone: _____ Cell: _____ Email: _____

4-H Club or FFA Chapter: _____ Grade in School: _____

Parent(s) Information:

Parent(s) Name: _____

Phone: _____ Email: _____

1. List previous experience with beef project (if any): _____

2. How do you plan to handle the financial responsibility? _____

3. Describe your facilities: _____

4. Please attach a separate sheet of paper and describe in 500 words or less why you want to participate in the Select Beef Heifer Replacement Project.

5. If you will be participating with a family owned heifer, please provide a general description of the farm or ranch you live on including the amount of range or pasture, crops and livestock raised.

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In signing below, I understand that I will provide all necessary care, and complete all required project activities.

Applicant Signature

Signature _____ Date _____

Parent(s) Signature

Signature _____ Date _____