

Waller County Bucket/Bottle Calf Project Registration Form

Primary Contact: Shelby Knoll - knollshelby9@outlook.com – (713) 725-8819

Participant Name: _____

Participants DOB: _____

Parent/Sponser Name: _____

Phone Number: _____ Alt. Number: _____

Address where calf will be kept: _____

Have you raised a calf before? _____

Do you have any pets? _____

Do you have a cover or shelter where the calf will be kept? YES/NO (circle one)

There is a \$30 registration fee for this show. You will also have 10\$ fee for tag in. Each participant may have 1 calf per year. This calf is not eligible for sale at the fair sale. By signing and registering you acknowledge that it is the child and the sponser's responsibility to attend informational meetings and atleast 1 of the progress shows in order to be eligible. It is mandatory that you notify your vet and the committee should you have health issues or concerns with your calf. You must also shelter, feed and keep your calf healthy.

Parent/Sponsor Signature: _____

Date: _____