**WA State 4-H Fair**

**Livestock Round Up**

**County Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete separate lists for each species – duplicate this report form as needed.**

**Species reported on this form:**

* **Beef**
* **Dairy**
* **Llama**
* **Sheep**
* **Swine**

**Are you sending any entries in this project? 🞎 Yes 🞎 No**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How late may we call you? \_\_\_\_\_\_\_\_\_\_\_p.m. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This round up form must be signed by your County Extension Staff Person. By approving and signing this form, the staff person certifies that all entries are qualified to participate in the State 4-H Fair. Furthermore, you are certifying that all participants have qualified in the same classes at the designated county qualifying show(s) and are qualified to participate in these classes at the State 4-H Fair.**

**Signature of Extension Staff Person for Your County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Adult Responsible for this Section of Exhibitors during the Fair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **EXHIBITOR NAME** | **NUMBER OF ANIMALS** |
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