4-H Regional Show

Fill out this form and print it
or print the blank form and fill it out by hand

EASTERN ONTARIO/WESTERN QUEBEC **4-H CHAMPIONSHIP SHOW** **DAIRY / BEEF** **Mail To:** **Lynda McCuaig** **5389 Bowesville Road** **Gloucester Ontario K1X 1B8** **DEADLINE: SEPTEMBER 15, 2009**	PLEASE PRINT OR TYPE DATE: _____ COUNTY:_____ 4-H CONTACT: NAME: _____ ADDRESS:_____ TELEPHONE: _____

SHOWMANSHIP CLASSES - (8 entries per county - maximum of 3 entries per age group)

Class #	CLASS NAME	4-H MEMBER'S NAME	MEMBER'S BIRTH DATE Y-M-D	ADDRESS and postal code