



BASTROP COUNTY 4-H/FFA 2024-2025 Summer Heifer Tag Order Form

(One Form/Order per Family Unit)

Order Deadline: Wednesday, April 03, 2024, to the Bastrop County Extension Office

All Heifers to be shown by 4-H/FFA Exhibitors during the 2024-2025 school year **that have NOT been validated before OR have changed owners** must be validated. There will be two (2) heifer validations; one over the summer (typically in June) and one in the fall (typically October) – **they have separate ordering periods and forms**. The cost for Summer Heifer Validation is \$30.00 per head. Please complete this form and return it with payment to the Bastrop County Extension Office by 12:00 Noon on Wednesday, April 03, 2024.

*****Validation will take place from 8:00 AM to 1:00 PM on Wednesday, June 12, 2024, at the Ken Estepp Show Barn*****

Please note that all 4-H/FFA orders must be submitted using this form; if a Family finds that more Tags are needed, please submit an additional form. Additionally, NO refunds will be given on tag orders. **It is also important for all families to know that Heifers may only be validated to one (1) exhibitor and MUST have any tattoos and/or brands listed on their registration papers in order to be validated.** Validating an animal does NOT enter it in a livestock show.

Late Heifer Validation Tag Orders will be accepted after April 03rd up until 12:00 PM on Wednesday, May 01, 2024, at the increased cost of \$35.00 per tag. Payment is due at the time of submission. Please email a good quality, scanned color copy of your registration papers to MLMickelson@ag.tamu.edu by June 15th.

General Information:

Exhibitor Name(s): _____

4-H Club/FFA Chapter Name(s): _____

Contact Cell #: _____ Email Address: _____

Exhibitor Mailing Address: _____

Physical Address animal(s) will be housed: _____

Order Information (Select One):

☐ Submitted by 12:00 PM on April 03, 2024: # of Tags: _____ x \$30.00 = _____

☐ Submitted after April 03, 2024: # of Tags: _____ x \$35.00 = _____

Parent Information:

Name: _____ Signature: _____

RECEIPT

PLEASE MAKE CHECKS PAYABLE TO: **BASTROP 4-H ANIMAL VALIDATION**

Return this form and payment to the **Bastrop County Extension Office at 901 Pecan Street; Bastrop, TX 78602**
OR **mail it to the Bastrop County Extension Office at PO Box 650; Bastrop, TX 78602** by the specified dates.

Date Paid:

Amount Paid:

Received By: