

National Milking Shorthorn Rachel Surridge Youth Contest Application Form

Name _____ Date of Birth _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Parent or Guardian(s) _____

Address (if different) _____

Years in 4-H ____ Years in FFA _____ Project area _____

Name of School & or Current Employment

Year _____ Major _____

Farm Name _____

How many years have you been involved with Milking Shorthorns?

Have you participated in DHIA testing? _____

Weight Gain Test _____

Is your herd classified? _____

How many Milking Shorthorns did you start your herd with? _____

How many do you own now? _____

In your own words, write as much as you feel necessary in response to the following questions (additional pages may be added)

1. Summarize your involvement on your operation

