

DAIRY REPLACEMENT HEIFER AGREEMENT – FORM A

Deadline: First Friday in December

MEMBER'S NAME: _____

CHAPTER/CLUB: _____

PROJECT: Calf Yearling Springer (circle one)

MEMBER'S EMAIL: _____

MEMBER'S PHONE NUMBER: _____

MEMBER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

The exhibitor understands and **agrees to all terms** written in the Dairy Replacement Heifer Project Requirements.

Signature of Member

Signature of Parent

Signature of Advisor/Dairy Leader

This completed form must be uploaded to the appropriate google form to be considered submitted.

For questions please email glennheifersale@gmail.com.