



2021 Junior Show Animal Substitution Form

EXHIBITOR LEGAL NAME:		
FIRST:	MIDDLE:	LAST:
COUNTY 4-H/FFA CHAPTER :		
EXHIBITOR ADDRESS:	CITY:	STATE: TEXAS ZIP:
SOC. SEC.:	EXHIBITOR'S BIRTHDATE:	
PHONE:	E-MAIL:	QUALITY COUNTS:

INSTRUCTIONS: Complete the animal information for each beef heifer and dairy heifer being substituted. All beef heifer substitutes must be recorded in the Texas 4-H/FFA Breeding Validation Program.

ORIGINAL ANIMAL INFORMATION *(Must be completed for all Beef & Dairy Heifers)*

<input type="checkbox"/> Angus	<input type="checkbox"/> Limousin	Birthdate: _____ Class (See Premium List): _____ Name of Animal: _____ Reg. Number: _____ Sire Name: _____ Dam Name: _____
<input type="checkbox"/> ARB	<input type="checkbox"/> Maine-Anjou	
<input type="checkbox"/> Beefmaster	<input type="checkbox"/> ORB	
<input type="checkbox"/> Brahman	<input type="checkbox"/> Red Angus	
<input type="checkbox"/> Brangus	<input type="checkbox"/> Red Brangus	
<input type="checkbox"/> Charolais	<input type="checkbox"/> Santa Gertrudis	
<input type="checkbox"/> Chianina	<input type="checkbox"/> Shorthorn	
<input type="checkbox"/> Hereford	<input type="checkbox"/> Simbrah	
	<input type="checkbox"/> Simmental	
<input type="checkbox"/> Holstein		
<input type="checkbox"/> Jersey		
<input type="checkbox"/> ORB		

NEW ANIMAL INFORMATION *(Must be completed for all Beef & Dairy Heifers)*

<input type="checkbox"/> Angus	<input type="checkbox"/> Limousin	Birthdate: _____ Class (See Premium List): _____ Name of Animal: _____ Reg. Number: _____ Sire Name: _____ Dam Name: _____
<input type="checkbox"/> ARB	<input type="checkbox"/> Maine-Anjou	
<input type="checkbox"/> Beefmaster	<input type="checkbox"/> ORB	
<input type="checkbox"/> Brahman	<input type="checkbox"/> Red Angus	
<input type="checkbox"/> Brangus	<input type="checkbox"/> Red Brangus	
<input type="checkbox"/> Charolais	<input type="checkbox"/> Santa Gertrudis	
<input type="checkbox"/> Chianina	<input type="checkbox"/> Shorthorn	
<input type="checkbox"/> Hereford	<input type="checkbox"/> Simbrah	
	<input type="checkbox"/> Simmental	
<input type="checkbox"/> Holstein		
<input type="checkbox"/> Jersey		
<input type="checkbox"/> ORB		

POSTMARKED BY JAN. 15, 2021 = NO CHARGE
AFTER JAN. 15, 2021 = \$100

I agree to abide by the rules in the current Premium List.

OFFICE USE ONLY

Date Payment Rec'd: _____

Method of Payment: _____

Attach copy of payment to form.

Exhibitor Signature

Parent/Legal Guardian Signature

CEA/AST Signature