2016 Montcalm County 4-H Fair
Carcass Swine Buyer Agreement and Animal Cut Up Sheet

DUE DATE: Before 2:00 p.m. on **Sunday, June 26, 2016** at Livestock Weigh-In
Live Evaluation: Sunday, June 26th in the Livestock Arena, 6:00 p.m.
Exhibitors **MUST BE** present.

Swine Tag #

Member's Name: _____ Exhibitor Number: _____

Buyer's Name: _____

Buyer's Address: _____

Phone: (_____)_____

Buyer's Notice:

1. Buyers are responsible for payment of a suggested price of $1.80 per pound OR agreed upon price of **hanging weight** of the carcass swine to the Montcalm County 4-H Member.
2. Buyers are responsible to pay Sage's Meat Processing and Catering directly for processing fees when picking up their order.

Buyer's Agreement:

I agree to pay $_____ per pound **hanging weight** to the Montcalm County 4-H Member selling this pig and pay Sage's Meat Processing and Catering directly for processing, as stated above.

X _____ _____
Signature of Buyer Date

4-H MEMBERS ONLY:

Carcass Show and Dinner - **Wednesday, June 29, 2016** at 6:00 p.m.

Number Attending Dinner: _____

NOTE: All exhibitors must attend both live evaluation and carcass class judging at Sage's or forfeit their placings and awards.

You may choose ***not*** to sell your carcass. If you choose to keep your own carcass, ***you will*** be *expected to pay Sage's Meat Processing and Catering directly for processing.*

I agree to pay a **$5.00 entry fee** to participate in the swine carcass class, **due at livestock weigh-in**.
Checks need to be made payable to the: **Montcalm County 4-H Livestock Committee**.

Please sign here if you are ***not*** selling your carcass swine: X _____
Exhibitor or Parent Signature

~~ Order Form on Reverse Side ~~

SAGE'S MEAT PROCESSING & CATERING, INC
(616) 754-6380

6800 SAGE DRIVE
GREENVILLE, MI 48838

20____

HOG CUTTING ORDER

OWNER:_____ WEIGHT:_____

CUT FOR:_____ MAIN PH:_____

ADDRESS:_____ OTHER PH:_____

CITY:_____ ZIP CODE:_____ CUSTOMER CALLED BY:_____

PRODUCT:_____ SLOT NO:_____

SLAUGHTER DATE:_____ FSH MEAT BOX :_____

CUT DATE:_____ *PICK UP:_____ SMK MEAT BOX:_____

TRUCKING_____

SLAUGHTER:_____

SMOKE MEAT NUM:

SM. LBS:_____

BONELESS HAM LBS:_____

LARD LBS:_____

LOIN RST:_____ CHOPS:_____ RIBS:_____

SHOULDER RST:_____ STEAKS:_____ FRESH HOCKS:_____

FRESH HAM:_____ SIDE PORK:_____

SMOKED HAM:_____ BACON:_____

BONELESS HAM:_____ SMOKED HOCKS:_____

SM SHOULDER:_____ SM PICNIC:_____ COTTAGE BACON:_____

SMOKED LOIN:_____ CANADIAN BACON:_____ SMOKE JOWL:_____

GROUND PORK:_____ BULK SAUSAGE:_____

LINKED SAUSAGE:_____

PATTIED SAUSAGE_____

REG BRATWURST:_____

OTHER FLVR. BRATS:_____

BULK or LINKCHORIZO: _____

BULK or LINK ITALIAN:_____

OTHER: _____

LIVER: YES or NO

HEART: YES or NO

TONGUE: YES or NO

LARD: YES or NO

DO NOT WRITE IN THIS AREA

INITIALS:_____

*ORDERS ARE READY 1 WEEK AFTER SLAUGHTER DATE UNLESS OTHERWISE STATED.