

2018 Montcalm County 4-H Fair

Carcass Swine Buyers Agreement and Animal Cut Up Sheet

DUE DATE: Before 2:00 p.m. on **Sunday, June 24, 2018** at Livestock Weigh-In
Live Evaluation: **Sunday, June 24th** in the Livestock Arena, 3:00 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 \$2.00 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.

× _____
Signature of Buyer

Date

4-H MEMBERS ONLY:

Carcass Show and Dinner - **Wednesday, June 27, 2018** 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: × _____
Exhibitor or Parent Signature

~~ Order Form on Reverse Side ~~

SAGE'S MEAT PROCESSING & CATERING, INC
 (616) 754-6380 20
 HOG CUTTING ORDER

6800 SAGE DRIVE
 GREENVILLE, MI 48838



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: _____ DO

LIVER: YES or NO LINKED SAUSAGE: _____ NOT

HEART: YES or NO PATTIED SAUSAGE _____ WRITE

TONGUE: YES or NO REG BRATWURST: _____ IN

LARD: YES or NO OTHER FLVR. BRATS: _____ THIS

BULK or LINK CHORIZO: _____ AREA

BULK or LINK ITALIAN: _____

INITIALS: _____ OTHER: _____

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