Livingston Co. 4-H SWINE PROJECT Form
4-H Member’s Record

Member Name: ____________________________   Today’s date: ____________________________
Member 4-H Age: _______   Member Birthdate: _________________   Years in Project: ____________________________
Address: ___________________________________________   City/State/Zip: ____________________________
Phone: ___________________________________________
Parent or Guardian Name: ___________________________________________
4-H Club Name: ___________________________________________
Project Leader Name: ___________________________________________

Information About Your Swine

Breed: _______________   Sex (Gilt or Barrow): _________   Federal ID Tag #: _______________ (DO NOT list farm tags)

Please list any ear notches, markings, other tags, color, etc.: ___________________________________________________________

Attach 1 picture of your pig (Side view)
Must be a color photo, not a black and white photo

RETURN THIS FORM TO THE EXTENSION OFFICE NO LATER THAN MAY 1st by 5:00 p.m.
(Any forms received after the 5:00p.m. deadline will NOT BE ACCEPTED)

I have read the above information and acknowledge it is correct.

Signature of 4-H Member   Date