$\qquad$
$\qquad$ Coach Name(s)

Senior Division (14 \& older as of $1 / 1$ ) Address $\qquad$ Junior Division (13 \& under as of 1/1)

|  | Phone |
| :--- | :--- |
| CONTESTANTS | Email |

1: Name $\qquad$ Birth date $\qquad$
Address $\qquad$ 4-H age (1/1) $\qquad$

2: Name $\qquad$ Birth date $\qquad$
Address $\qquad$ 4-H age (1/1) $\qquad$
$\qquad$

3: Name $\qquad$ Birth date $\qquad$
Address $\qquad$ 4-H age (1/1) $\qquad$

4: Name $\qquad$ Birth date $\qquad$
Address $\qquad$ 4-H age (1/1) $\qquad$

## ALTERNATE

Name $\qquad$ Birth date $\qquad$
Address $\qquad$ 4-H age (1/1) $\qquad$

## ***All information must be filled out for each contestant and one alternate*** <br> *** If a contestant must be replaced by another contestant not listed on this form, the coach is responsible for bringing the replacement contestant's information ON A REVISED ENTRY FORM SIGNED BY COUNTY 4-H PROFESSIONAL to registration***

(1) As 4-H advisor, I verify the 4-H member(s) are in good standing in the club(s) and are each enrolled in 4-H. (2) As the Extension professional, I verify the youth are 4-H member(s) in good standing in the county. Any photographs taken of 4-H members/coaches become the sole property of the Ohio 4-H Program. Such photographs may be used at the Program's discretion without compensation to or prior approval from members/advisors/parents or guardians.

Advisor(s) $\qquad$ Date $\qquad$
Extension Professional $\qquad$ Date $\qquad$
Mail to: Ohio 4-H - Animal Sciences
Animal Sciences Building 222B
Make Checks Payable to: The Ohio State University
Checks MUST accompany team entries!
2029 Fyffe Rd.
Entries MUST BE POSTMARKED by July 17
Columbus, Ohio 43210

