

July 30th Grant County Clipping & Fitting Clinic Pre-Registration

\$15/participant or \$30/family

Must return payment & registration by **JULY 15, 2024** to the **Grant County Extension Office**
PO Box 137, Carson, ND 58529-0137

Name: _____ Age: _____

Total Head Count for Lunch: _____

Parent/Guardian Name: _____

Mailing address: _____

Phone number: _____

Email Address: _____

Which livestock species do you intend to **bring for clipping?** (Circle one for each youth):

Name: _____ Sheep Goat Swine **None, I intend to just watch the demos.**

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Which livestock species demonstrations do you **want to watch?** (Check all that apply for each youth):

Dairy (Demonstration only this year) _____ _____ _____ _____

Beef (Demonstration only this year) _____ _____ _____ _____

Sheep _____ _____ _____ _____

Goat _____ _____ _____ _____

Swine _____ _____ _____ _____

*Participants **must bring their own supplies** (For ex. Blowers, clippers, sheers, combs, hair products, water buckets, etc.) as extra supplies will be limited. Bring your livestock clean and ready to be clipped. Attendees are also responsible for watering and feeding their animal(s) during the day, bring what supplies you might need.*

Statement and Release

I _____ agree as the parent or guardian of _____, to release and discharge Grant County Extension, Grant County 4-H Council, Grant County Fair Association, its agencies, officers, employees, and volunteers from any claims, demands, actions, or causes of action which may arise on account of any injury which I or my child may suffer while participating in the Grant County 4-H Livestock Clipping & Fitting Clinic. I further acknowledge that I read this statement and that I understand its contents.

Parent or Guardian Signature _____ Date _____

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