

2017 MSCA HEIFER SALE APPLICATION

PARTICIPANT'S NAME: _____

AGE: _____

GRADE: _____

ADDRESS: _____

PARENT OR GUARDIAN: _____

TELEPHONE NUMBER: _____

By completing this application, I certify that I (participant or parent/guardian) have read the Heifer Sale Rules and Regulations and agree to abide by the same.

SIGNATURE: _____