



# University of Vermont 4-H Dairy Approval Form

FILL OUT IN BLUE OR BLACK INK ONLY!

YEAR \_\_\_\_\_

Page \_\_\_ of \_\_\_

Your Name: \_\_\_\_\_ Your Age on Jan. 1 of current year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

the legal and financial responsibility of the 4-H member and their family.

BREED

