2024 Declaration Form For Central Kansas District

Family/Household Name:		
*Individual exhibitor names in Family	/Household:	
	Age:	
	Age:	
	Age:	
WOOD P		
YQCA Requirement:		
YQCA training is required for ALL exhibit	bitors showing beef, meat goat, sheep	o, and swine by May 1, 2024.
Housing and Care:		
Exhibitors of Kansas Youth Livestock Shacceptable methods of good animal husba appropriate health care. Youth are expect duration of the project. Primary care is dehandling, and training of their livestock parts.	andry. A healthy animal requires suff ted to provide the primary care and tra efined as the exhibitor making the dec	icient food, water, shelter, and aining for livestock projects for the
Declaration Form : This declaration form must be completed	and returned to the CKD Extension (Office by May 1, 2024
**Please circle the species you will be sh	nowing:	
Market Beef, Commercial Heifers, Sw	rine, Sheep, Meat Goats	
Section 1: Exhibitor(s) Primary Res	sidence:	
Physical Address:	City:	State:
Physical Address:Phone:	Email:	
Will all of your animals be housed at y If you answered "Yes", move to Section . Section 2: Housed Location: Landlord Name:	3. If you answered "No", complete Se	ections 2 AND 3.
Physical Address:	City:	State:
County:Phone:		State
Name the specie AND how you plan to ca		ed at your primary residence?
Section 3: Declaration: I attest that I have owned, possessed, and I hereby certify that I have read the above Household Nominations at www.YouthL	l cared for my livestock project(s) since information and will comply with the	ce the specified date listed by specienese rules as well as the rules of
	Parent/Legal Guardian	Signature Date
	4-H- County Extension Agent Sig	gnature Date
Exhibitor(s) Signatures		

Return to: Central Kansas Extension District, 2218 Scanlan Ave., Salina, KS 67401

^{***} This form is required by Central Kansas Extension District. This form is not used for state nominations.