# **2023 Declaration Form For Central Kansas District**

Family/Household Name: \_\_\_\_\_

### \*Individual exhibitor names in Family/Household:

Age:	
Age:	
Age:	
Age:	
	Age: Age: Age: Age: Age:

#### **YQCA Requirement:**

YQCA training is required for ALL exhibitors showing beef, meat goat, sheep, and swine by May 1, 2023.

#### Housing and Care:

Exhibitors of Kansas Youth Livestock Shows are responsible for the proper care of their animal(s) by following acceptable methods of good animal husbandry. A healthy animal requires sufficient food, water, shelter, and appropriate health care. Youth are expected to provide the primary care and training for livestock projects for the duration of the project. Primary care is defined as the exhibitor making the decisions for and providing the care, handling, and training of their livestock project a majority of the time.

#### **Declaration Form:**

This declaration form must be completed and returned to the CKD Extension Office by May 1, 2023.

\*\*Please circle the species you will be showing: Market Beef, Commercial Heifer, Swine, Sheep, Meat Goats

## Section 1: Exhibitor(s) Primary Residence:

Physical Address: _		City:	State:
County:	Phone:	_Email:	

#### Will all of your animals be housed at your primary residence? Yes No

If you answered "Yes", move to Section 3. If you answered "No", complete Sections 2 AND 3.

#### Section 2: Housed Location:

Landlord Name:			
Physical Address:_		City:	State:
County:	Phone:	Email:	

Name the specie *AND* how you plan to care for the project animal(s) not located at your primary residence?

#### Section 3: Declaration:

I attest that I have owned, possessed, and cared for my livestock project(s) since the specified date listed by specie. I hereby certify that I have read the above information and will comply with these rules as well as the rules of Household Nominations at www.YouthLivestock.KSU.edu listed under "Nomination Information.

Parent/Legal Guardian Signature Date

4-H- County Extension Agent Signature

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.