## 2020 WALWORTH COUNTY SWINE TAGGING & DNA COLLECTION REGISTRATION

| Family Name   | Email address  |   |
|---|--|---|
| Parent/Guardian #1  | Parent/Guardian #2   |   |
| Address   |  |   |
| City  |  | Zip   |
| Home Phone #:   | Cell Phone #:  |   |
| Members at above address:   |  |   |
| Name  | Club/Chapter   |   |
| Check and complete the appropriate response below   | <u>v:</u>  |   |
| We agree to feed and care for our swine project let the Swine Committee know immediately. PremisWe agree to feed and care for our swine project home address. That address of that location is:                         | se I.D.  |   |
| Street Address:   | Ci†  | ty:   |
| If this is someone else's home residence, please indic  |  |   |
| Premise I.D. for this location:   |  |   |
| Number of Swine to Tag & Collect DNA fromX Please make checks payable to Walworth County Meat Al Note: DNA collection envelopes and tags <u>cannot</u> be held a envelope for each swine market animal you plan to make | nimal Sale Committee or pay<br>over for use in future years. | y with cash in the exact amount.  Purchase one tag and collection |
| Signature of person paying for and picking up   | tags/DNA envelopes   | Date  |
| FOR OFFICE USE ONLY: Tag Numbers Issued   |  |   |
| Money Collected by  |  |   |