## MULTI-STATE EWE FUTURITY OFFSPRING VERIFICATION

This form is to be submitted ONLY if the ewe had lambs since previous SSYLS. (2<sup>nd</sup> & 3<sup>rd</sup> year futurity entries only)

Division Number	Class Number			
Verification	of lamb(s) weaned by	flamb(s) weaned by yearling ewe entered in the		(year showing) Ewe Lamb Futurity.
Year Originally Tattooed		Ewe Tattoo Num	nber	
Breed of Ewe	Ewe Flock ID			
		Ewe Birth Date _		
Exhibitor's Name		· · · · · · · · · · · · · · · · · · ·		
Address				
City				
Number of Lambs Weaned				
Lamb Flock Tag Number(s)				
Date of Birth of Lambs				
Date	<del></del>			
			4110	
	Lead	er, Supervisor or County	4-H Personnel (Plea	ase Print)
		ature of Leader, Supervis		ersonnel

Application to be sent to the Fair Office. If you have any questions, please contact the Office.

Send Application to: Lyon County Fair Board

27 South Main Street Yerington, NV 89447

Applications must be complete and signed by Leader, Supervisor or County 4-H Personnel, or ewe will not receive credit for offspring weaned!