

SHEBOYGAN COUNTY MEAT ANIMAL SALE

Youth Livestock Educational Event Verification Form

To be completed for documentation of in person and online events/workshops

Name: _____ Species Subject: _____

Event Name: _____

Event Date: _____ Start Time: _____ End Time: _____

Location: _____

**Provide 5 Things you learned from this event in complete sentence format:
(i.e. NOT: I learned about feed. CORRECT: I learned that you start feeding an animal one pound of protein in feed a day)**

1	
2	
3	
4	
5	

Provide two ways in which you will use this information:

1	
2	

By signing this form, I am attesting that I have attended this event. (Youth signature)

Signature

Date

By signing this form, I am attesting that my youth has attended/watched in full length the educational event indicated on this form. (Parent signature)

Signature

Printed Name

Date

Return to: SCMAS Committee: PO Box 115 Plymouth, WI 53073 or email to: shebco.mas@gmail.com

Revised: 1/23/2022