

2018-2019 Texas 4-H/FFA Heifer Validation Committee for
 _____ County

Validation Chairperson Contact Information:

Date: _____

Address _____
 City/ZIP _____
 Phone _____
 Fax _____
 Email _____

POSITION	CEA, AST, or Leader/Show Board Rep. <i>Check Appropriate</i>	NAME	Signature
Chairman	<input type="checkbox"/> CEA <input type="checkbox"/> AST		
Member	<input type="checkbox"/> CEA <input type="checkbox"/> AST <input type="checkbox"/> Leader or Show Board Rep.		
Member	<input type="checkbox"/> CEA <input type="checkbox"/> AST <input type="checkbox"/> Leader or Show Board Rep.		
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Member	<input type="checkbox"/> CEA <input type="checkbox"/> AST <input type="checkbox"/> Leader or Show Board Rep.		

*****For the Chairperson*****

- Please clarify to your committee members that signing this form verifies that they are members of the heifer validation committee for the above-mentioned county. With this membership comes the responsibility of overseeing the heifer validation process.
- As chairperson, you are responsible for ensuring that you and/or at least one member of this committee witnesses the validation and hair collection of each validated animal.