

**2019-2020 Texas 4-H/FFA Heifer Validation Committee for**  
 \_\_\_\_\_ County

**Validation Chairperson Contact Information:**

Address \_\_\_\_\_  
 City/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Date:** \_\_\_\_\_

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.		
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.		
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.