

Texas 4-H/FFA Heifer Validation Committee for \_\_\_\_\_  
County \_\_\_\_\_ Month/Year \_\_\_\_\_

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

**Validation Chairperson Contact Information:**

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"/> Co-Chair <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.		
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.		
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.