

MARYLAND 4-H QUAIL REGISTRATION



Please print neatly with a pen!

Name		4-H Age as of January 1 of this year:Phone:			YearDate DueJune 1				
Address					Animals identified on this for can only be registered in 4-1 under this member's name		Number of Pens: Up to 2 entries		
County Allegany Club Name If animals are housed at a different address than above, please list below:							Cp to 2 (
Name:Phone:				County:					
					Youth T-shirt siz Adult T-shirt size		L L XL	2XL	
List up to 5 quail you	own for your 4-H project	If they are not listed on	this form, they cannot be show Game Birds	n at fair.					
Band Number (if available)	Individual Name (if applicable)	Breed(s)	Color/Variety	Sex	Date of Hatch		Comments		
My signature indicates	that the above animal(s) are	e under my care, I own the	em, and I have correctly and hone	estly filled this	s form out to the best	of my know	ledge.		
4-H Member				Parent or Legal Guardian					

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