

Dairy Jeopardy

ENTRY FORM



Division: Junior Intermediate Senior

Name _____

Name of Parents _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____

Breeds Affiliated With _____

1st Alternate Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____

2nd Alternate Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____

Dairy Jeopardy entries should be postmarked by April 1st to:

Holstein Foundation
ATTN: Kelli F. Dunklee
P.O. Box 816, Brattleboro, VT 05302-0816
800-952-5200, ext. 4124