

# DAIRY REPLACEMENT HEIFER AGREEMENT – FORM A

**Deadline: First Friday in December**

MEMBER'S NAME: \_\_\_\_\_

CHAPTER/CLUB: \_\_\_\_\_

PROJECT:            Calf    Yearling        Springer        (circle one)

MEMBER'S EMAIL: \_\_\_\_\_

MEMBER'S PHONE NUMBER: \_\_\_\_\_

MEMBER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

The exhibitor understands and **agrees to all terms** written in the Dairy Replacement Heifer Project Requirements.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Advisor/Dairy Leader

***This completed form must be uploaded to the appropriate google form to be considered submitted.***

**For questions please email [glennheifersale@gmail.com](mailto:glennheifersale@gmail.com).**