

# Farmer Bud Dairy Show

**Younger Youth Opportunity Show:** This show/event is provide and promote the animal agriculture industries and to build enthusiasm and interest in exhibiting at the Crawford County Fair.

## FILL OUT THE ENTRY FORM BELOW AND SEND IT TO:

**Kim Moret—Farmer Bud Dairy Show Coordinator  
32861 Hwy 27  
Prairie du Chien, WI 53821**

**ENTRY DEADLINE: AUGUST 15**

**Farmer Bud Dairy Show • Sponsored by the Crawford County Holstein Association  
Saturday, August 26 at 12:30 p.m. in the Dairy Show Barn**

**Class A - Youth who have not entered Kindergarten**

**Class B - Kindergarten, 1st, and 2nd Grade**

1. Calf will be brought the morning of show and taken home that afternoon.
2. Calf can be any dairy breed, preferably 4 months age calves can be heifers or bull calves less than one month of age.
3. Each child will be asked to lead his/her calf around the ring, and will be asked a question about their calf. (Class B) Child should be able to lead their calf properly, be able to set their calf up, and have basic showmanship skills.
4. Children are not required to wear white clothes. (Class B) Children can wear a white t-shirt if they would like, but it is not required
5. Clipping of the calves is optional.
6. Ribbons and halters will be presented to each participant (Class B). Premiums will also be awarded by the Crawford County Holstein Association.
7. Each child will be photographed with the current Crawford County Dairy Royalty.
8. Child may “borrow” a calf from current exhibitor – must be accompanied by parent or exhibitor.
9. Children are permitted to have a “helper” assist them.
10. This activity is to promote the exhibition of dairy cattle to younger and future Crawford County Fair exhibitors.

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## Farmer Bud Entry Form

Youth Name: \_\_\_\_\_ Age: Kindergarten    1<sup>st</sup> grade    2<sup>nd</sup> grade

Youth Name: \_\_\_\_\_ Age: Kindergarten    1<sup>st</sup> grade    2<sup>nd</sup> grade

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby certify I will not hold the Crawford County Holstein Association or the Crawford County Fair responsible for injuries to my child or animal.*

Parent or Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent or Guardian’s Name: \_\_\_\_\_