# Wisconsin Brown Swiss Association - Nelson McCammon Youth Heifer Program Application

**THE FOLLOWING MUST BE ANSWERED COMPLETELY TO BE CONSIDERED FOR AN ANIMAL**

Name of Applicant Date of Birth\_ \_ Gender\_ \_ Name of Parent or Guardian\_\_ \_ \_

Address \_ \_ Parent Phone: \_ \_\_ Cell: Email: \_ \_ Recipient Phone:\_ \_Cell: \_Email: \_

Location of where the project animal will be housed\_ \_\_ \_ Grade in School\_\_\_\_\_\_\_Member of 4-H? Yes\_\_ No\_\_ No. of Years \_\_\_. Member of FFA? Yes \_\_\_ No\_\_\_ No. of Years

Name, Address & Phone number of Leaders and/or Instructors \_ \_\_\_\_

\_ \_ \_ Projects now being carried \_ \_ Past Projects \_ \_ \_ Other activities \_ \_ Size of Farm No. of Milk Cows \_\_\_\_\_\_\_ Briefly describe your family farm\_\_\_\_ \_

\_ \_ \_

What feed and type of facilities do you have? \_ \_ Have you or do you own Brown Swiss? Yes \_\_\_ No\_\_\_ If yes, how many and ages? \_\_\_\_ \_ \_ What other dairy breeds do you own? What other animal projects do you have? \_ Why do you want a registered Brown Swiss female? Please answer on a separate sheet.

Name, address and phone number of two references other than 4-H leader or FFA instructor.

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\_ \_ \_ Name, address and phone number of your veterinarian: \_ \_

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Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Both Parent/Guardians: \_ \_\_

Date: \_

# Nelson McCammon Share-A-Heifer Program Committee C/O Norman C. Magnussen

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