

EDUCATIONAL LIVESTOCK WORKSHOP REPORTING FORM

Exhibitor Name: _____

Address: _____

Youth Organization: _____

Workshop Attended: _____

Youth Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Five things that I learned at this workshop:

1.

2.

3.

4.

5.