



# Calves for Kids Application

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 4-H Member? \_\_\_Yes \_\_\_No

FAA Member? \_\_\_Yes \_\_\_No

Do you currently have cattle? \_\_\_Yes \_\_\_No Breed(s): \_\_\_\_\_

What type of cattle, livestock have you handled prior to this application?

Briefly summarize your animal projects to date and the achievements connected with these projects. You may include pictures with your information.

---

---

---

---

---

---

---

---

(summary cont'd) \_\_\_\_\_

---

---

List the names of three (3) people, non-related, who will give you support with this project.

---

Briefly describe why you would like a heifer.

---

---

---

---

---

List your first three (3) goals once you receive your heifer?

---

---

---

---

---

---

Rank breed preference, using 1 for 1st choice and 5 for last choice :

\_\_\_\_ Angus    \_\_\_\_ Belted Galloway    \_\_\_\_ Hereford    \_\_\_\_ Simmental  
\_\_\_\_ Other (if other please specify) \_\_\_\_\_



If I am awarded this heifer, I \_\_\_\_\_ agree to participate in the Northeast Livestock Expo Youth Show, and also compete in at least one recognized show for the first year. I will e-mail the Calves 4 Kids committee members at the end of each month with a progress report that will include the current girth (and estimated weight) of the heifer, any accomplishments or difficulties encountered and any concerns that I may have with the project. In addition, I will keep all receipts associated with this project and maintain the record sheets provided. I will breed my heifer to a registered bull of the same breed. I realize I have the option of either returning the first qualified heifer calf to the Maine Beef Producers Association (MBPA) or purchasing the heifer for the price of \$1,000 (one thousand dollars). If I choose to return the heifer to the MBPA, I will return it at weaning, or seven months old, halter broken and with proper vaccinations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I/We support my son's/daughter's application for the Calves 4 Kids Project. As a condition of this award, it is understood and agreed that the Maine Beef Producers Association, MBPA, reserves the right to, at all reasonable times, enter upon my premises to inspect the heifer calf to insure that it is being provided for in a clean, wholesome manner, and in keeping with the basic and humane animal care and handling practices. If the animal is not being kept to the standards herein described, MBPA has the authorization to retrieve the animal from the applicant's care and terminate his or her participation in the project. I/We understand that cooperation with MBPA is necessary for the success of this project, and will fully comply with their guidelines and decision.

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Date

Please return completed form by **April 1st, 2010** to:

Pamela Harnden, Executive Director  
Maine Beef Producers' Association  
P O Box 216  
Dryden, Me 04225  
(207) 645-2568

E-mail: [Info@mainebeefproducersassociation.org](mailto:Info@mainebeefproducersassociation.org)

