4-H LIVESTOCK PROJECTS
OFF PREMISES FORM

Date: ________________________
Name: ________________________
Phone: ________________________

Mailing Address:

____________________________________________

____________________________________________

____________________________________________

Project: ______________________________
Club: ______________________________

Address where project will be kept:

____________________________________________

____________________________________________

____________________________________________

MY 4-H ANIMAL PROJECT WILL BE KEPT AT THE ABOVE ADDRESS. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE CARE AND FEEDING OF MY ANIMAL PROJECT.

4-H Member’s signature: ______________________________

Parent’s signature: ______________________________

4-H Leader’s signature: ______________________________

Landowner’s signature: ______________________________

University of Illinois staff’s signature: ______________________________