

# MANITOWOC COUNTY FARM BUREAU KIDDIE SHOWMANSHIP

The entry blank and rules for our **KIDDIE SHOWMANSHIP** event are below. This is an excellent chance to get your youngsters started in showing cattle. The event will be at the Manitowoc County Fair on **Sunday, August 29, 2010 at 11:30 a.m.** The rules are as follows:

1. Calf must be born between **April 15, 2010 and August 1, 2010.** (We ask that everyone **please abide by this rule**). It must be either a heifer or bull calf. It must be a dairy animal.
2. There will be four (4) classes: **4-year-old Preschool, Kindergarten, 1<sup>st</sup> Grade, and 2<sup>nd</sup> Grade.** These classes are grades the children have just completed this year.
3. Calves must be at the fair grounds by 10:30 a.m. on Sunday and taken home after the show because there will be no barn space available.
4. Children are **not** required to wear white clothing.
5. Calves need **not** be clipped.
6. Children will be required to wear a number, which will be passed out prior to the show.
7. Children will be judged on the way they handle the calf and their basic showmanship skills.
8. If you have children in more than one age group, they may show the same calf, however, it is discouraged because of the young age of the calf and they tire easily. If you have two children in the same age group, they will need two calves.
9. Trophies and ribbons will be awarded.

To enter the **Kiddie Showmanship** event, you must complete the entry form below.  
(One form per child.)

Return forms to the Farm Bureau Office, PO Box 130, Valders, WI 54245.

**The deadline for entering is MONDAY, AUGUST 2.**

If you have any questions, please call Michael Luebke at 920-863-6385 or 920-901-6716

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CHILD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

4 Yr. Preschool      Kindergarten      1<sup>st</sup> Grade      2<sup>nd</sup> Grade  
(Circle One of the Above)

I hereby certify that I will not hold the Farm Bureau Young Farmers responsible for any injury to my child or calf.

SIGNATURE OF FATHER: \_\_\_\_\_

SIGNATURE OF MOTHER: \_\_\_\_\_  
(Please use your first name)