

## LIVESTOCK SHOW CLINIC REGISTRATION

Fill out this form and register at your local IFA Country Store along with payment by March 30, 2024 for IFA's Livestock Show Clinic at the Davis Agricultural Heritage Center.

## **ATTENDEES** (STUDENTS AND PARENTS, IF ATTENDING)

	Last name (please print) (required)
First name	Last name
Must be a parent or legal guardian for all attendees under 16 year	,
First name (required)	Last name (required)
	Last name (required)  Phone # (required)
First name (required)	·
First name (required) Email (required)	·
First name (required)  Email (required)  For Store Use	Phone # (required)  Office Managers:
First name (required)  Email (required)  For Store Use  Cashiers:  1. Verify all required information is provided.	Phone # (required)  Office Managers:  ed 1. Enter form info within 2-days of transaction: er attendee https://go.ifa.coop/clinic-registration