



2017 Youth Milk Production Contest

Member Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ DHIA/DHIR Herd #: _____

Animal Name: _____ Registration #: _____

Animal's Date of Birth: _____

Youth member must be the owner of the animal

* **305-day record must be completed by December 31, 2016.** Records must be of the last lactation completed

Age of Animal at Calving: _____ Years _____ Months

Fresh Date: _____ Dry Date: _____

305-day Record (actual record to date if less than 305 days):

_____ days _____ Milk _____ % Fat _____ lbs. Fat _____ % Protein _____ lbs. Protein

I hereby certify that I am a Youth member of the Mid Atlantic Milking Shorthorn Society in good standing, have owned this animal for the entire lactation, and that to the best of my knowledge and belief the above information is exact and correct. **I have included a photocopy of the DHIA or DHIR Life History Sheet or monthly test report to verify the record.**

Applicant's Signature: _____

Date: _____

Applications must be **postmarked by February 15, 2017** (NO postage meters) and sent to:

MAMSS

c/o Melissa Heeter

19072 Shade Valley Road

Shade Gap, PA 17255

Questions can be directed to Melissa Heeter @ 814-259-3864 or midatlanticmilkingshorthorns@yahoo.com