

*Entry Blank*  
**Junior Dairy Management Contest**  
*Tuesday, September 21, 2021*

DIVISION:       4-H               FFA                              STATE: \_\_\_\_\_

4-H CLUB, FFA CHAPTER, OR SCHOOL: \_\_\_\_\_

**PERSON AUTHORIZING TEAM(S):**

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Premium Check Payable to: \_\_\_\_\_

**SIGNATURE OF PERSON AUTHORIZING TEAM(S)**

DATE

**PERSON OVERSEEING TEAM(S):**     Same as above

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SIGNATURE OF PERSON OVERSEEING TEAM(S)**

DATE

**NUMBER OF 4 PERSON TEAMS ENTERED:** \_\_\_\_\_

**NUMBER OF INDIVIDUALS ENTERED:** \_\_\_\_\_

Additional forms may be copied or downloaded from <http://www.allamerican.pa.gov/>

**ENTRIES AND PAYMENT MAY BE MAILED, E-MAILED, OR FAXED - POSTMARK MUST BE ON OR BEFORE SEPTEMBER 11, 2021**

**Mail to:** All-American Dairy Show      **E-Mail to:** [aads@pa.gov](mailto:aads@pa.gov)      **Fax to:** (717) 705-9900  
 Junior Dairy Management  
 2300 North Cameron Street  
 Harrisburg, PA 17110-9443

**Entry Fee(s): \$20 per team OR \$5 per individual (if NOT a team member)**

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Cardholder Name:	_____			
Expiration Date:	_____			
Signature:	_____			
	Credit Card Number: _____			
	Billing Zip Code: _____			
	<input type="checkbox"/> Check Payable to "AADS" Enclosed    Check Number: _____			