

# 2018 MVDHP APPLICATION

## PLEASE COMPLETE THE FOLLOWING:

- Complete this application (2 pages)
- Enclose a **\$100.00** deposit (check payable to Magic Valley Dairy Heifer Program) this is non-refundable if you voluntarily withdraw
- **Separate piece of paper write a brief explanation why you want to be in the program**
- **Letter of recommendation from your 4-H leader/FFA advisor** (if applicant is related to their 4-H leader, the 4-H Coordinator in the applicant's county must write the letter of recommendation for the applicant.
- Return them to the MVDHP, c/o Teresa Tverdy, 630 Addison Ave. W. Suite 1600, Twin Falls, ID 83301, no later than **4:00 p.m., Friday, January 26, 2018.**
- To be eligible to participate, applicants must be 8 years old by January 1, of current year and not older than the 11th grade in the year the application is made. It is strongly recommended that participants have at least one-year dairy showing experience prior to applying. For questions call Alvina Kral at (208)731-6863 or Teresa Tverdy at (208)735-4420.

Name: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age as of January 1<sup>st</sup> \_\_\_\_\_ Male/Female: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Parent/Legal Guardian(s) \_\_\_\_\_  
Name(s) Cell Phone

Parent/Legal Guardian(s) \_\_\_\_\_  
Name(s) Cell Phone

4-H Club/FFA Chapter: \_\_\_\_\_

Name of 4-H Leader in good standing or FFA Advisor: \_\_\_\_\_

Phone # of 4-H Leader or FFA Advisor from listed above: \_\_\_\_\_

# PROGRAM REQUIREMENTS

(**INITIAL** each line indicating you have read & agree to fulfill each requirement)

**By not initialing the application will not be considered.**

Applicant

Parent

\_\_\_\_\_ I agree to enroll in and be an active member of a 4 -H Club/FFA Chapter, complete a dairy project, a project record book, and participate in the 4-H/FFA Dairy Show at my County Fair. Once the projects starts in 4-H or the FFA program, it **must** finish in the same program started.

\_\_\_\_\_ I agree to attend the scheduled educational activities (**Spring Education & Sale Day, Achievement Day and Fall Education Day**) as well as, if unable to attend any one of the educational activities I will attend either the MVDHP meeting before the activity or the MVDHP meeting immediately after the activity with a report and submit the report to the committee at this time to be excused for being absent from that activity.

\_\_\_\_\_ I agree to show in the Magic Valley Dairy Heifer Program Show held at the Twin Falls County Fair and follow the rules required for the MVDHP Show & Sale (copy provided upon request).

\_\_\_\_\_ I agree to properly care for my project animal, providing proper feed, medical care and training as needed.

\_\_\_\_\_ I agree to ensure that my animal meets all health requirements as set by the Twin Falls County Fair Board as well as the Showring Code of Ethics and sell my heifer at the Magic Valley Dairy Heifer Program Sale at the Twin Falls County Fair at the completion of my project.

\_\_\_\_\_ I agree to turn in to the MVDHP, c/o Teresa Tverdy, a thank you card (**stamped and addressed to the buyer of my heifer**) before payment is made for my heifer.

\_\_\_\_\_ I agree to contact the MVDHP Steering Committee as soon as possible should I become ineligible. Move from the area or if I have problems with my animal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Magic Valley Dairy Heifer Program Steering Committee reserves the right to refuse an animal to an individual based on prior performance, ability, or if references indicate that it would be in the best interest of the child or the animal that the animal be denied. In the event the Steering Committee votes to reclaim an animal, it will be purchased from the dismissed participant at fair market price.*

**No animals will be replaced except for non-breeders, at the discretion of the Steering Committee.**