

**2023 UGA Livestock Judging Camp  
Registration Form**

Participant Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Shirt Size: YS YM YL YXL AS AM AL AXL

Agent/Teacher/Person bringing participant: \_\_\_\_\_ Phone: \_\_\_\_\_

\*The above listed person is responsible for the supervision of the participant during camp, at various camp activities and hotel. This person should also maintain a copy of attendees' medical release and code of conduct forms.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Experience Level: **None** **1-2 years** **3+ years**

Have you given a set of oral reasons in the last year? **YES** **NO**

Please list any food ALLERGIES \_\_\_\_\_

Return (1) Registration Form, (2) Participation Agreement & Media Release,  
(3) Medical Release, (4) Authorization to Administer Medication (5) Code of Conduct  
and (6) \$150 by **June 2<sup>nd</sup>**.

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Make checks payable to:  
**Georgia 4-H Foundation**  
*Memo: UGA Livestock Judging Camp*

Mail all forms and payment to:  
Dylan Davis  
University of Georgia  
Edgar Rhodes Center  
425 River Road  
Athens, Georgia 30602

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