

**Chippewa County 4-H/FFA Quality Meats Program
Educational Requirement Report**

Name of Member _____ Club/Chapter _____

Species (check box) Beef Swine Lamb

What was the educational workshop you attended? _____

Date of workshop _____ Location of workshop _____

What did you learn at this educational event? _____

Why are each of these things important for you to know? _____

Printed Name of Leader hosting the event

Signature of Leader hosting the event

(Signature required only if event is **not** held at a Chippewa County Quality Meats Meeting)

Attach proof of picture of you attending (Only if event is **not** at the Chippewa County Quality Meats Program Meeting)

What was the educational workshop you attended? _____

Date of workshop _____ Location of workshop _____

What did you learn at this educational event? _____

Why are each of these things important for you to know? _____

Printed Name of Leader hosting the event

Signature of Leader hosting the event

(Signature only need if event is **not** held at a Chippewa County Quality Meats Meeting)

Attach proof of picture of you attending (Only if event is **not** at the Chippewa County Quality Meats Program Meeting)

Return to:

Chippewa County UW –Extension Office
4-H/FFA Quality Meats Program
711 North Bridge St, Room 13
Chippewa Falls, WI 54729

THIS FORM IS DUE BY JUNE 30, 2019 TO BE ELIGIBLE TO SELL IN THE AUCTION