

**Pennsylvania Junior Holstein Association
Milk, Fat and Protein Production Contest**

Member's Name: _____ Age: _____

Address: _____

_____ County: _____

Parent's Name _____ DHIA Herd Code #: _____

305-day record must be completed as of November 30, 2017. Records must be of the last lactation completed.

Cow's Name _____ Reg. # _____

Sire: _____

Type of Record DHI _____ 2X _____ 3X _____

Age of animal at beginning of record: _____

Date you purchased, if purchased: _____

Fresh Date: _____ Dry Date: _____ Birthdate: _____

305 Day Record (actual record to date, if less than 305)

_____ Days _____ Milk _____ % Fat _____ lbs. Fat _____ % Protein _____ lbs. Protein

I do hereby certify that to the best of my knowledge and belief, the above listed information is exact and correct. **I have attached a copy of the DHIA or DHIR Life History sheet or monthly test report to verify the record.**

Signed _____
Applicant

I do hereby certify that _____ is a junior Holstein Association member and the above animal has been owned by the individual during the entire record lactation period.

Signed _____
County Holstein Youth Chairperson

The state contest will not factor 3X records, all records will be considered based on there actual 305 day production

**Entry Deadline - Local Holstein Associations - Set by the Association
State Contest - December 1st**

*Return to: Pennsylvania Holstein Association, 839 Benner Pike, State College PA 16801
or if Local Holstein Association Contest is conducted, return to: Association Youth Chairperson.
They will forward it to the State Office.*