

Section I – To be completed by Student Advisor

Steers _____ Sheep ____ Hogs ____ Goats ___

4-H & FFA Livestock Project Agreement 2019-2020 Show Season

This credit account is for feed, animal health & tack items for 4-H and FFA project animals ONLY. Feed for other livestock, pets, farm hardware, clothing, etc. may not be charged to this account. Failure to comply with this policy may cause termination of this agreement.

Balances on this account will be carried by ACFB/CFS with no interest, until thirty (30) days after the projects are sold. If the accounts are not paid in full within thirty days of sale of animals, a monthly finance charge of 1.5% (\$1.50 minimum) will be applied to any unpaid balances. Failure to pay off account at the end of the project will prohibit ACFB from extending agreement to student in the future. This account will be closed at the conclusion of the animal show. A new application must be re-submitted to re-open account for each new show year. Complete form and return to Augusta Cooperative Farm Bureau, Attn: Heidi Urguhart.

This is to certifyfeed and supplies for a 4-H or FFA held	is d project. This consideration (list all show dates for w	leserving of credit consideration in purchasing is to extend to the market animal show, to which applicant will be selling his/her projects).	ng be
Student Advisor Signature			
Contact Number			
Section II – To be completed by Sp	oonso <u>r</u>		
Sponsors must have an approved cre	edit application on file to be	e eligible to sponsor this account.	
charges made on this account an	d that the Augusta Coop	e above student agree to be held liable for to be above Farm Bureau / Cooperative Finance count at the conclusion of the project.	he cial
Sponsor Signature		Date	
		Account #	
Contact Number			
Section III – To be completed by S	<u>tudent</u>		
I,	, am satisfied with the the project. I further agree	e above terms & conditions of this agreement to carry out good husbandry and management	ent ent
Student Signature		Grade	
		Account #	
Address			
City, State, & Zip			
Contact Number	Email		
Please indicate the number of each s	species on this account:		



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1.)	Cooperative Financial Solutions to the agreement, information regarding my/our	sent to the disclosure by Augusta Coop Farm Bure Leader/Advisor/Project Leader, as listed on this pr 4H/FFA Account, including information regarding payme 4-H/FFA Account, Augusta Coop Farm Bureau shale applicant or the Parent/Guardian.	ojec men
	Applicant's Signature	Parent/Guardian	
2.)	I consent to allow Augusta Coop Farm Bu Augusta Coop's Facebook page.	reau to use photographs of me and my project animal	ls or
	Applicant's Signature	 Parent/Guardian	