



Indiana Master Cattleman Application

Name (please print) _____
Farm Name _____
Address _____
City _____ State _____ Zip _____
Cell # _____ Email _____
What is your preferred method of contact? ___ Email ___ Cell ___ Text
Name to be listed on Master Cattleman certificate _____

If an additional person from the farm is attending, please include their contact information below:

Name (please print) _____
Address _____
City _____ State _____ Zip _____
Cell # _____ Email _____
Preferred method of contact? ___ Email ___ Cell ___ Text
Name to be listed on Master Cattleman certificate _____

Please answer the following questions so that we better serve your operation:

Type of Cattle Operation _____ Cow/Calf _____ Feedlot _____ Stocker _____ Backgrounder
of cows? _____ # of stockers/backgrounders _____ # of feedlot cattle _____
Number of years of raising cattle? _____
Do you have a Business Plan? ___ Yes ___ No
Are you Beef Quality Assurance certified? ___ Yes ___ No
Please list beef group affiliations _____

Registration is \$200 for the first participant and \$100 for any additional participants from the same farm (materials will be shared between participants). Make checks payable to Extension Ed Fund by 11/29/22.

Office Use Only: ___ Payment received on _____ CASH or Check # _____
Forage sample submitted on _____ Soil sample submitted on _____