

## New Jersey Youth/Adult Meat Goat Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_ Grade in School \_\_\_\_\_

Phone Number \_\_\_\_\_

New, Existing, or Beginning Farmer \_\_\_\_\_

Number of Goats Requested \_\_\_\_\_  
(Minimum Two (2) Goats Per Farm)

Non-Refundable Deposit - \$25.00 Per Goat – (This will be applied to the purchase price of the animal at the time of selection)

Number of Goats x \$25.00 \_\_\_\_\_

Make checks payable to NJ Junior Breeder Program

Mail to – NJ Junior Breeders Program  
NJDA – Division of Markets  
PO Box 330  
Trenton, NJ 08625

I agree to provide my child with the financial and moral support necessary to complete this project.

\_\_\_\_\_ (parent or guardian) \_\_\_\_\_ (date)

\_\_\_\_\_ (parent or guardian) \_\_\_\_\_ (date)

I recommend this member for this project \_\_\_\_\_  
(4-H leader or FFA Advisor) (date)

If you have any problems meeting these requirements or have a concern, contact:

Dan Wunderlich at 609-292-6382 or Robin Bruins at 609-259-2347  
Lynn Mathews at 609-292-5536

