

UConn 4-H Goat Clinic 2026 Registration Form

Register online at s.uconn.edu/goatclinic26 or complete the below form and mail with payment to Matthew Syrotiak, State 4-H Office, 1376 Storrs Road, Unit 4134, Storrs, CT 06269-4134

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Participant Type: (Select one)

Youth age as of 1/1/26: _____ Adult:

If Youth, Number of years exhibiting goats _____

Track selection: Dairy _____ Meat _____

Will you be borrowing a goat the day of the program for an addtl \$25 fee? Yes No

If adult, Adult Workshop Selections: (Please mark which workshops you wish to attend)

Cheesemaking (\$25) _____

Evaluating the Goat (\$20) _____

Show Ring Procedures to Support Your Youth in the Ring (\$20) _____

I acknowledge that each youth may bring one dairy or meat goat doe or wether for use in the showmanship and practice show. I understand that all animals must meet the 2026 CT Fair and Show Requirements including being individually listed on a CVI. I agree to stay after the practice shows to assist with cleaning up penning/trailer area and will bring my own cleaning tools to deposit manure in designated location. I agree that if I milk my goat on the property, to bring containers to store the milk and remove it from the grounds.

Youth Signature: _____

Parent/Guardian Signature: _____

The University of Connecticut complies with all applicable federal and state laws regarding non-discrimination, equal opportunity and affirmative action, including the provision of reasonable accommodations for persons with disabilities. Extension program participants with disabilities may request reasonable accommodations to address limitations resulting from a disability. For more information, please contact the UConn Extension Civil Rights Liaison at extensioncivilrights@uconn.edu.