

GREEN COUNTY DAIRY DAYS AWARDS
FORM

Please Mark Which One Of The Following You Are Completing:

UNDER 40_____

OVER 40_____

ACTIVE COUPLE_____

NAME:_____

ADDRESS:_____

PHONE:_____

IF MARRIED-SPOUSE'S NAME:_____

IF CHILDREN-NAMES:_____

1. Describe the Ag/Business operation or where they are employed, responsibilities, and how much they provide toward the operation/business. Include their personal, family and Ag/Business involvement.

2. Community, church, organizations and activities.

3. Favorite hobbies, past times, and/or additional education pursued.