

University of Arkansas, United States Department of Agriculture, and County Governments Cooperating

## 300 Day Grazing Program Enrollment Form

**1. Select the appropriate 300 Day Grazing Demonstration:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cool Season Annuals          | <input type="checkbox"/> Stockpiled Bermudagrass |
| <input type="checkbox"/> Improving Grazing Management | <input type="checkbox"/> Stockpiled Fescue       |
| <input type="checkbox"/> Legumes in Forage Systems    | <input type="checkbox"/> Warm Season Annuals     |
| <input type="checkbox"/> Minimizing Hay Feeding Loss  |  |
| <input type="checkbox"/> Minimizing Hay Storage Loss  |  |

**2. Contact Information of Cooperator:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
County \_\_\_\_\_  
E-mail \_\_\_\_\_

**3. Why are you (the county Extension agent) and the cooperator interested in the project?**

**4. Will the cooperator be willing to allow the Cooperative Extension Service to use the information and data collected from the project for public educational purposes?**

Yes       No

**5. Will you, the county Extension agent, devote the time necessary to see the completion of this 300 Day Grazing Demonstration?**

Yes       No

**6. With specialist support, are you and the cooperator willing to fulfill all of the requirements of this project?**

County Agent:  Yes     No

Cooperator:  Yes     No

**7. Please complete the following information about the cooperator's farm that will be involved with the project.**

- A. Number of acres \_\_\_\_\_
- B. Herd Size (number of cattle, horses, sheep, goats): \_\_\_\_\_
- C. Number of years in the ranching business: \_\_\_\_\_
- D. Is the cooperator a part-time or full time producer?  
\_\_\_\_\_ Part-time    \_\_\_\_\_ Full-time

**8. Why do you (the cooperator) wish to enroll in the 300 Day Grazing Demonstration and how would it benefit your operation?**

**SIGNATURES:**

\_\_\_\_\_  
County Extension Agent

\_\_\_\_\_  
Cooperator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Complete and Return to:**

Kenny Simon  
University of Arkansas  
Cooperative Extension Service  
PO Box 391  
Little Rock, AR 72203-0391

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