

**Livestock Quality Assurance Flex Year (to be filled out by the youth)**

Name: \_\_\_\_\_

What educational opportunity did you attend? \_\_\_\_\_

When was it? \_\_\_\_\_ Where was it? \_\_\_\_\_

What are TWO new things you learned? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**Due to the Extension Office by June 30, 2026**



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