

NUECES COUNTY JUNIOR LIVESTOCK SHOW 2019 CALF SCRAMBLE ENTRY FORM

For participant to be eligible, this form **MUST** be **COMPLETELY** filled out.

DEADLINE – *Friday, January 18, 2019 by prior to contest to the Nueces County Junior Livestock Show Office*

****Faxes or copies of signatures NOT accepted ****

****ALL Committee Decision Final ****

CONTESTANT INFORMATION:

Legal Name of Participant:		
First	Middle Initial	Last
Mailing Address:		
City:	State:	Zip Code:
Phone Number: (home)		(cell)
Grade:	Age:	Weight:
Participant's DOB:		
Mother/Guardian:		
Father/Guardian:		
Name of 4-H Club or FFA Chapter		Years:
E-Mail Address:		

SUPERVISOR INFORMATION

Club/Chapter Name		
Club Manager or AST Name:		
Club/Chapter Address:		
City:	State:	Zip Code:
Telephone: (school)		(cell)
E-mail Address:		

Participant must be in "Good Standing" at time of application (and for the previous 12 months) and remain in "Good Standing" for the duration of Calf Scramble Program.

In your own words tell us why you want to participate in the Nueces County Junior Livestock Show Calf Scramble.

Please advise the NCJLS Scramble Committee where you will keep your beef project if you were to catch a calf (must be in Nueces County).

If you are not able to keep your beef project at your home address, state reason.

I have read and agree to abide by the Application Rules and Regulations, Arena Rules, Purchasing Rules and Rules and Responsibilities for all Calf Scramble Winners.

Scramble Participant: _____ Date: _____

Signature

Mother/Legal Guardian: _____ Date: _____

Signature

Father/Legal Guardian: _____ Date: _____

Signature

4-H Club Manager/AST has verified that the participant is in "GOOD STANDING" in 4-H or FFA for the previous 12 months, and that the participant is aware of his/her responsibilities.

4-H Club Manager/AST: _____ Date: _____

Signature