

CALF SCRAMBLE

Contestant Informati	on:					
First Name		Last Name				Date of Birth
Mailing Address		City				Zip Code
Phone Number					E-r	nail Address
T-Shirt Size [Adult Size]:	Small	Medium	Large XI	L	2XL	
Club/Chapter Informa	ation					
Bastrop County 4-H					Mellanie M	ickelson, CEA
4-H Club or FFA Chapter					Agent/Inst	ructor Name
P.O. Box 650	Bastrop, TX					78602
Mailing Address		City				Zip Code
512-581-7186				MLN	lickelson@	ag.tamu.edu
Phone Number						mail address
Please rank performances in order of your preference from 1-4. <u>MUST</u> rank all four, incomplete entries will be returned. Preferences are considered but not guaranteed.						
Friday, February 5 at 7:30 p.mSaturday, February 6 at 7:30 p.m.						
Saturday, February 6 at 1:00 p.mSaturday, February 12 at 1:00 p.m.						
Disclaimer: Should the co choice, he/she will			•			-

San Angelo Stock Show & Rodeo Calf Scramble Minor Release

Contestant Name: _____

(Printed)

County/Chapter: Bastrop County 4-H

Agent/Instructor Name: Mellanie Mickelson

(Printed)

I do hereby consent and agree that it is satisfactory for my minor son/daughter to compete in the calf scramble at the San Angelo Stock Show & Rodeo in February. I, joined by my minor son/daughter do hereby consent and agree to indemnify and hold harmless the San Angelo Stock Show & Rodeo Association, referees, participants, sponsors, Calf Scramble committee and all persons individually or collectively, from any liability for bodily injury or any other damage or injury sustained or suffered while a participant in the San Angelo Stock Show & Rodeo Calf Scramble of said minor son/daughter, _________ on any of the Calf Scramble dates in February 2020.

Signature of Parent and/or Guardian

Signature of Contestant

I certify that the signatures above are valid signatures of the contestant and their legal guardian.

Signature of CEA/AST

Date

Date

Date