

FOR OFFICE USE ONLY: CLASS # EAR TAG #

20 SCRAMBLE HEIFER VALIDATION CERTIFICATE BRAZORIA COUNTY FAIR

SUBSTITUTIONS MAY NOT BE MADE AFTER VALIDATION.
PLEASE FILL IN ALL BLANKS

EXHIBITOR'S NAME BIRTHDATE (M/D/Y) AGE

SCHOOL ATTENDING GRADE CLUB

MAILING ADDRESS CITY STATE ZIP
(PLEASE LIST A PHYSICAL ADDRESS AS WELL IF USING PO BOX)

EXHIBITOR'S SIGNATURE PARENT OR GUARDIAN SIGNATURE PHONE #

HEIFER BIRTHDATE BRAHMAN BLOOD Less than 1/2 1/2 or More None

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