



CALF SCRAMBLE

Contestant Information:

First Name	Last Name	Date of Birth		
Mailing Address	City	Zip Code		
Phone Number	E-mail Address			
T-Shirt Size [Adult Size]:	Small	Medium	Large XL	2XL

Club/Chapter Information

4-H Club or FFA Chapter	Agent/Instructor Name	
Mailing Address	City	Zip Code
Phone Number	Agent/Instructor E-mail address	

Please rank performances in order of your preference from 1-4. MUST rank all four, incomplete entries will be returned. Preferences are considered but not guaranteed.

____ Saturday, February 2 at 1:00 p.m.

____ Sunday, February 3 at 2:00 p.m.

____ Saturday, February 2 at 7:30 p.m.

____ Saturday, February 9 at 1:00 p.m.

Disclaimer: Should the contestant request a change in performance date after receiving his/her first choice, he/she will be placed as an alternate for the new performance date if available.

San Angelo Stock Show & Rodeo

Calf Scramble Minor Release

Contestant Name: _____

(Printed)

County/Chapter: _____

Agent/Instructor Name: _____

(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 2019.

Signature of Parent and/or Guardian

Date

Signature of Contestant

Date

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

Signature of CEA/AST

Date