

Calf Scramble Entry Form

Please print and use a pen!

Name: _____

Address: _____

City, ST & ZIP: _____

Phone: _____ Grade in School this fall: _____ Club/Chapter: _____

I certify the above information to be true and wish to enter the Calf Scramble Contest. I have read the Calf Scramble rules as printed in the fair book and I understand my obligations should I win a Calf.

Contestant Signature

Date

We hereby release the Bremer County Fair Association of any responsibility during our son or daughter's participation in the Calf Scramble Contest. I/we have read the Calf Scramble rules as printed in the fair book and understand our child's obligations should they win a Calf.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

(This Area for Office Use Only) Due at Fair Board Secretary's office by Noon, August 4, 2011.

Received in office by

Date & Time