SAN ANTONIO LIVESTOCK EXPOSITION, INC.

2012 CALF SCRAMBLE

APPLICATION

For participants to be eligible, this form must be **COMPLETELY** filled out.
Due **October 1, 2011** to the S.A.L.E. Livestock Department via **District 4-H OR Area FFA Coordinator** only.
Faxes or copies of signatures not accepted. Previous S.A.L.E. Calf Scramble winners may not compete.

I. CONTESTANT INFORMATION

Legal Name_____
First Middle Initial Last

County 4-H or High School FFA _____

Home Address _____

City _____,TX Zip Code _____ (Circle One) Male Female

Home Telephone __(____)_____ Birthdate _____/_____/_____ Age : _____

Parent's Cell: __(____)_____

Social Security Number _____-_____-_____ Email _____

II. SUPERVISOR INFORMATION

Club/Chapter Name _____ Area /District# _____

AST/CEA Name _____

Chapter/Club Address_____

4-H ☐

FFA ☐

City_____, TX Zip Code_____

Telephone (_____) _____ Email _____

Alternate Phone (_____) _____ (mobile, home, etc.)

III. ADDITIONAL DATES AVAILABLE

In the event you are unable to scramble on the assigned date for your 4-H District or FFA Area, please provide alternate dates you are available. S.A.L.E. will accommodate if possible, otherwise you are responsible for attending the original date assigned.*

1) Feb. _____ 2) Feb._____ 3)Feb._____

4) Feb. _____ 5) Feb._____ 6)Feb._____