

**2018 CALHOUN COUNTY FAIR CALF SCRAMBLE**  
**APPLICATION Applicant MUST be 12 yrs. old by Sept. 1 2018**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ AGE AS OF SEPT 1, 2018: \_\_\_\_\_

T-Shirt Size (circle): Junior S M L Adult S M L XL XXL

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ FATHERS CELL PHONE: \_\_\_\_\_

Mother Email: \_\_\_\_\_ Father email: \_\_\_\_\_

CLUB OR CHAPTER: \_\_\_\_\_ YEARS INVOLVED: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ LEADER OR ADVISOR: \_\_\_\_\_

1. Are you willing and do you have a desire to own, raise & show a steer, goat, lamb, swine or heifer?

Explain: \_\_\_\_\_

2. Do you have suitable facilities to care for and raise a steer, goat, lamb, swine or heifer?

Explain: \_\_\_\_\_

Address where the animal will be kept: \_\_\_\_\_ City: \_\_\_\_\_

3. If you are a winner, what do you intend to do with the animal you receive through this program?

4. Are your parent(s) willing to support you in this activity both physically & financially? \_\_\_\_\_

Explain: \_\_\_\_\_

5. Do you agree to submit regular monthly reports to the scramble committee? \_\_\_\_\_

6. Are you willing to invest and are you aware of the responsibilities of feeding & caring for the animal of your choice for a period of at least six (6) months? \_\_\_\_\_

7. Are you willing to participate in project meetings during the months of March, April, May, June, July and August even if some are mandatory? \_\_\_\_\_

8. Do you have any medical, physical, social problems/difficulties or other special information which may affect your participation in the Calhoun County Fair Calf Scramble Program? \_\_\_\_\_

If Yes, Please Explain: \_\_\_\_\_

I hereby certify that I have answered all questions truthfully & to the best of my knowledge & I agree to follow all rules & requirements as set forth by the scramble committee of the Calhoun County Fair Association.

**THIS FORM MUST BE ACCOMPANIED BY A NOTARIZED MINORS RELEASE**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date of Application Signed)

\_\_\_\_\_  
(Signature of County Agent/Ag Science Teacher)