



2017 Calf Scramble Application

(\$10 payment required with completed form)

APPLICANT INFORMATION

Applicant's Legal Name _____

Applicant's Mailing Address _____

City: _____ State: TX Zip: _____

Applicant's Cell Phone # _____

Email _____

Applicant's Birthdate _____ Grade _____

Sex _M or F_ Weight _____ lbs.

Parent or Guardian's Legal Name _____

Parent/Guardian's Primary Phone _____

County 4-H Club or FFA Chapter _____

FIRST AID INFORMATION

Please list any allergies to medications you may have: _____

Do you have asthma? Yes or No

If yes, please bring inhaler or proper treatment medication with you to scramble.

Have you been treated for any major illnesses in the past 12 months? Yes or No

If yes, please explain: _____

SPECIAL REQUESTS

Please check the scramble night that you would prefer (not guaranteed):

_____ Friday Night _____ Saturday Night

Please list any current projects you are exhibiting at the TCYS Show this year:

**Travis County Youth Show
2017 CALF SCRAMBLE
PARTICIPANT CERTIFICATION**

**INITIAL
(Participant and
Parent/Guardian)**

1. I understand that I have to purchase a market animal (steer, pig, lamb, goat, turkey, fryer, or rabbits) for my calf scramble project. _____
2. I understand that TCYS will pay myself \$500 for the market animal I select. _____
3. I understand that any purchase amount over \$500 will be paid by me for the purchase of the market animal. _____
4. I understand that there will be ongoing costs with this project including, but not limited to feed, equipment, potential vet bills, and travel to the show that I am responsible for. _____
5. I understand that purchasing a market animal is a major commitment and fully understand the responsibility I am assuming in:
 a. Feeding the animal at least twice a day _____
 b. Attending the animal daily _____
 c. Abiding by the rules set forth by the Calf Scramble program and the exhibitor handbook _____
 d. Submitting reports online monthly _____
 e. Writing a Thank You note to my sponsor _____
6. I will notify the Calf Scramble Committee of any changes to my address, e-mail or phone numbers within 24 hours of the change. _____
7. I will notify the Calf Scramble Office of any issues or problems with my market animal project _____
8. I understand that if I don't fulfill all requirements as listed in the Calf Scramble Rules, I will be required to remit payment of \$500 to the Travis County Youth Show. _____

I certify that I have read and will abide by the above rules in order to participate in the TCYS Calf Scramble:

Scrambler Signature: _____

Scrambler Parent/Guardian Signature: _____

CEA/AST Signature: _____