



Baytown Youth Fair & Livestock Association



Scramble Application

(Please Print)

Exhibitor's Name: _____ Birthday: _____

Exhibitor's Mailing Address: _____

City: _____ Zip: _____ Phone: _____ T-shirt size: _____

Exhibitor's Parent's Name: _____

Parent's Phone: _____ School: _____ Grade: _____

Parent's E-Mail: _____

Organization: _____ Advisor: _____

What species are you scrambling for: (circle one) Steer Swine Lamb Goat

Have you ever been a scramble recipient? Yes No If yes, what species: _____

Are your parents willing to support you in this activity both physically and financially? _____

Do you agree to submit regular monthly reports to the scramble committee, sponsor, VAT or 4-H Leader and follow all rules set forth by the BYF Rule Book? _____

Do you have asthma? Yes or No If yes, please bring the proper treatment medication with you.

List any allergies to medications you may have:

Have you been treated for any major illness in the past 12 months: Yes or No

If yes, please explain:

Applicant's Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

VAT or 4-H Leader Signature: _____ Date: _____

Applications for potential scramblers MUST be signed by applicant, a parent or legal guardian, and by the Ag Science Teacher or 4-H Leader.

This form must be accompanied by a notarized "Minor's release and indemnity agreement"

