

Baytown Youth Fair & Livestock Association



Scramble Application for 2025 Fair

Exhibitor's Name:	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 Have you ever been a scramble red Are your parents willing to support to you agree to submit regular modeleader and follow all rules set forth	cipient? □Yes □No If yes, what you in this activity both physically anothly reports to the scramble comm	species: and financially? mittee, sponsor, VAT or 4-H
Do you have asthma? Yes or No	If yes, please bring the proper tre	atment medication with you.
List any allergies to medications yo	ou may have:	
Have you been treated for any maj	 jor illness in the past 12 months: Y	es or No
Applicant's Signature:		Date:
Parent / Guardian Signature:		Date:
VAT or 4-H Leader Signature:		Date:
Applications for potential scramblers by the Ag Science Teacher or 4-H L	• • • • • • • • • • • • • • • • • • • •	parent or legal guardian, and

"Minor's release and indemnity agreement" form must be signed and notarized on the day of the scramble.