



Baytown Youth Fair & Livestock Association



Scramble Application

(Please Print)

Exhibitor's Name: _____ Birthday: _____
Exhibitor's Mailing Address: _____
City: _____ Zip: _____ Phone: _____
Exhibitor's E-Mail (can not be GCCISD): _____
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, AST 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: _____

**All participants and parents must attend a mandatory meeting
at the fairgrounds on December 7, 2025 at 2:00pm.**

Applicant's Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

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

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