

2010 RMHS YOUTH CONTEST FORM

2010 ENTRY FORM FOR COLORADO STATE YOUTH CONTESTS

PLEASE INDICATE CONTEST(S) YOU WISH TO PARTICIPATE IN: Birth Date _____

STATE JUDGING TEAM _____ BREED ID TEAM _____ RMHS ROYALTY _____ JUST FOR FUN _____

RMHS MEMBERSHIP # _____ ARBA MEMBERSHIP # _____ Age on Contest Date _____

SEND TO: Rosie Scanlon 21580 E 118th Ave., Commerce City, CO 80022, rocktysbest@aol.com
ENTRY MUST BE RECEIVED BY March 6, 2010

INCLUDE: 1 copy of your CURRENT ARBA and RMHS membership cards

NAME _____ DATE OF BIRTH _____

ADDRESS/CITY/STATE/ZIP _____

PHONE NO. _____ EMAIL ADDRESS _____

T-SHIRT SIZE _____ LAB COAT SIZE _____

Chaperon while at State Convention _____

Can Chaperon Help with Contest at State Convention? Yes No Chaperon's Phone # _____

Are you able & willing to attend the ARBA Convention: YES _____ NO _____.

I have read, understand and agree to abide by the rules and obligations of these events.

Parent's Initials _____

Contestant's Initials _____

PARENT'S SIGNATURE

PARTICIPANT'S SIGNATURE