

## CALF SCRAMBLE FORM

**To help us plan for Calf Scramble opportunities please complete this form. The sooner you complete the form and turn it in to our office, the better your chance of being selected as a scrambler versus an alternate.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Age \_\_\_\_\_ (as of Aug. 31, 2018) Date of Birth \_\_\_\_\_

Club \_\_\_\_\_ Email \_\_\_\_\_

Select Show(s) you want to scramble at: \_\_\_ Ft. Worth \_\_\_ San Antonio \_\_\_ Houston \_\_\_ Austin \_\_\_ San Angelo

You are welcome to fax the form to 210/631-0429 or scan and email to [paxtell@ag.tamu.edu](mailto:paxtell@ag.tamu.edu).

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