

ELLIS COUNTY YOUTH EXPO 2019 ENTRY FORM

Ag Mechanics BUILD-OFF

TEAM NAME _____
 ADDRESS _____ CITY _____ ZIP _____ STUDENT PHONE # _____
 FFA OR 4-H CLUB NAME _____ SCHOOL ATTENDED _____

Division/Class	#	Fee	Total
Team Entry	1	\$100.00	
Other	#	Fee	Fee
Commemorative Program		\$7.00	
Adult Fair Ticket – (Fri 3/22)		\$20.00	
Child (4-11) Fair Ticket – (Fri 3/22)		\$10.00	
Adult Fair Ticket – (Sat 3/23)		\$20.00	
Child (4-11) Fair Ticket – (Sat 3/23)		\$10.00	
Total Entry			

I (We) hereby make application, agree to abide by the rules and regulations as published by ECYE, and will submit the required fees by the established deadline. Payment will only be accepted from Affiliated Clubs NOT Individuals.

I certify the above applicant is under my supervision, and that ineligible student s will be identified at least 24 hours prior to the show.

Exhibitor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

AST/CEA Advisor Signature: _____ Date: _____

TEAM MEMBER #1

FIRST NAME _____ LAST NAME _____ BIRTH DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 Exhibitor Signature: _____ Parent/Guardian Signature: _____

TEAM MEMBER #2

FIRST NAME _____ LAST NAME _____ BIRTH DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 Exhibitor Signature: _____ Parent/Guardian Signature: _____

TEAM MEMBER #3

FIRST NAME _____ LAST NAME _____ BIRTH DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 Exhibitor Signature: _____ Parent/Guardian Signature: _____

TEAM MEMBER #4

FIRST NAME _____ LAST NAME _____ BIRTH DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 Exhibitor Signature: _____ Parent/Guardian Signature: _____

TEAM MEMBER #5

FIRST NAME _____ LAST NAME _____ BIRTH DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 Exhibitor Signature: _____ Parent/Guardian Signature: _____