

California State Beef Ambassador Contest
Entry Form – Sr. Division (ages 17-20 as of Sept. 1)

CCW Sponsoring Unit _____	Contact Name _____
Contact Phone Number _____	E-mail _____

Contestant's Name _____

Contestant's Phone Number _____ E-mail _____

Contestant's Address _____

Mailing (if different) _____

Contestant's Birth Date _____

Contestant's Parents _____

Contestant's Biography and Future Plans (100 words or less; written in the third person)

T-Shirt Size (Adult Sizes) Small _____ Medium _____ Large _____ X-Large _____ XX- Large _____

Please return to State Chair along with \$25 registration check made payable to CCW no later than March 1:

Salene Duarte, State Beef Ambassador Chair
4631 Rotherhaven Way, San Jose, CA 95111
408-981-1226
cowgirlsalene@yahoo.com