

# 2024 California State Beef Ambassador Contest Entry Form – Sr. Division (17-20 as of Sept. 1)

CCW Sponsoring Unit \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Plan to Participate in Contest    In Person    or    Virtually    Circle one.**

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)

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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 10, 2024:**

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