MOVE THIS EVENT TO FOODS FIESTA!

NOJOQUI EXHIBIT DAY
BEEF COOK-OFF ENTRY FORM

DUE MAY 1

Mail to Area Supervisor

(Please Print)

Project Group Name_____

Project Leader's Name_____

Address_____

Telephone_____ Club_____

Project members who will be participating at Exhibit Day:

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I agree to only Supervise my members-unless it is a matter of safety. I will provide for adult supervision at all times. I understand that exhibitor's are expected to help clean up the Cook-Off area and must check out with the area supervisor before leaving the Park.

Extra Credit will not be given or removed in regards to wearing a 4-H "uniform"

Project Leader’s Signature_____