

Adult Chaperone Registration Form

County _____

Personal Information

First & Last name: _____

Address: _____

City – State – Zip: _____

Phone: _____ Email: _____

Gender: Male Female Are you over the age of 21? Yes No

Is there any additional information we need to know about?

Competitive Event Volunteer (mark one)

- | | | |
|------------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="radio"/> Demonstration/Illustrated Talk | <input type="radio"/> Fashion Revue | <input type="radio"/> Gavel Games |
| <input type="radio"/> Horse Skill-a-thon | <input type="radio"/> Livestock Judging | <input type="radio"/> Horse Judging |
| <input type="radio"/> Public Speaking | <input type="radio"/> Quilting | <input type="radio"/> Stir-ups |

This registration form must be completed and returned to your Extension Office ASAP.