

2018 Northeast Arkansas District Fair Tractor Driving Contest

Entry and Consent Form

NAME _____

ADDRESS _____

AGE _____ GRADE IN SCHOOL _____

NAME OF CLUB OR SCHOOL _____

NAME OF AGRI TEACHER _____

TELEPHONE NUMBER OF AGRI TEACHER _____

Return this form by Friday, September 14th, 2018 to:

Branon Thiesse
Cooperative Extension Service
611 E Washington, Suite A
Jonesboro, AR 72401 or Fax 870-933-4568

The form below must be completed by a parent or guardian before the person is eligible to participate in this tractor driving contest. **(Please Write Clearly).**

I, _____, do hereby agree to give my consent for _____ to participate in the Northeast Arkansas District Fair Tractor Driving contest. I hereby release all officials of the activity, members, and employees of the Cooperative extension Service, vo-ag instructors, farm equipment suppliers, fair officials, and personnel from any responsibility while participating in the Northeast Arkansas District Fair Tractor Driving Contest.



Name of Parent or Guardian

Address

County

School or Club