2021 Avian Bowl State Qualifier

**Saturday, August 14, 11 AM at the Picadilly Inn Airport Hotel,
5115 E. McKinley, Fresno 93727**

JUNIOR ENTRY FORM

4-H Avian Bowl Contest Entry Form

FORMS WILL NOT BE ACCEPTED WITHOUT COMPLETE BIRTH DATE FOR EACH MEMBER

Entries must be postmarked or FAXED by Monday, August 2, 2021

Junior Teams: Members must be 13 years or YOUNGER on January 1, 2021. Two, three, or four members are allowed per team.

County _____

Team One Name _____

Team members' names: Month/day/year

1. _____   Birth date _____

2. _____   Birth date _____

3. _____   Birth date _____

4. _____   Birth date _____

Alternate _____   Birth date _____

Coach _____
     Name   Address

     _____
     City   Zip   Phone #

Team Two Name _____

Team members' names: Month/day/year

1. _____   Birth date_____

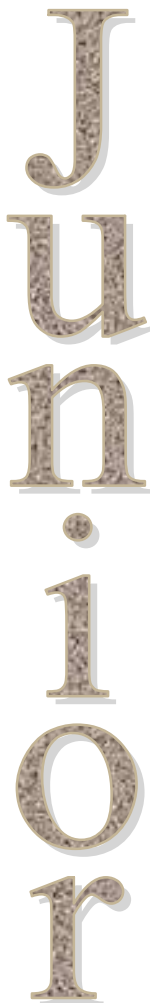2. _____   Birth date_____

3. _____   Birth date _____

4. _____   Birth date _____

Alternate _____   Birth date _____

Coach _____
     Name   Address

     _____
     City   Zip   Phone #

Send entries to: Dr. Francine Bradley, University of California, 1775 E. Palm Canyon Dr., Suite 110 – 129, Palm Springs, California 92264 (760) 699-5078   FAX (760) 699-7056 ***If you Fax your entry, you MUST leave a message on the (760) 699-5078 voice mail indicating you have Faxed an entry.

Junior

2021 Avian Bowl State Qualifier

**Saturday, August 14, 11 AM at the Picadilly Inn Airport Hotel,
5115 E. McKinley, Fresno 93727**

SENIOR ENTRY FORM

4-H Avian Bowl Contest Entry Form

<u>FORMS WILL NOT BE ACCEPTED WITHOUT COMPLETE BIRTH DATE FOR EACH MEMBER</u>

Entries must be postmarked or FAXED by Monday, August 2, 2021

Senior Teams: Must be 14 to 18 years by January 1, 2021. Two, three, or four members are allowed per team.

County _____

Team One Name _____

Team members' names: Month/day/year

1. _____ Birth date _____

2. _____ Birth date _____

3. _____ Birth date _____

4. _____ Birth date _____

Alternate _____ Birth date _____

Coach: _____
      Name   Address

    _____
      City   Zip   Phone #

Team Two Name _____

Team members' names: Month/day/year

1. _____ Birth date _____

2. _____ Birth date _____

3. _____ Birth date _____

4. _____ Birth date _____

Alternate _____ Birth date _____

Coach _____
      Name   Address

    _____
      City   Zip   Phone #

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(760) 699-5078   FAX (760) 699-7056 ***If you Fax your entry, you MUST leave a message on the (760) 699-5078 voice mail indicating you have Faxed an entry.**

Senior (vertical text in left margin)