

2024 Avian Bowl State Qualifier

Saturday, February 24, noon, GCSPF Show, Big Fresno Fairgrounds, Fresno

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 February 12, 2024

Junior Teams: Members must be 13 years or YOUNGER on January 1, 2024. 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.**

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2024 Avian Bowl State Qualifier

Saturday, February 24, noon, GCSPF Show, Big Fresno Fairgrounds, Fresno

SENIOR 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 February 12, 2024

Senior Teams: Must be 14 to 18 years by January 1, 2024. 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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Seniors