



Arizona State Cowbelles Beef Ambassador Program Application

Name _____

Address _____ City _____ State _____

Zip _____ Phone _____ Cell _____

Email _____

Date of Birth _____ Contest Category _____ Junior (14-16) _____ Senior (17-20)

I have read the contest guidelines and agree to the rules and requirements of the contest _____

Contestant Signature

Date

Parent/Gaurdian Signature

Date

Contestant Information

Please provide a short bio including where you go to school, your grade, degree you are seeking, activities you are involved in, interests, hobbies and anything else you want us to know about you. {Attach other pages if you need to}

If you become the Arizona Beef Ambassador what do you hope to accomplish? {Attach other pages if you need to}



For questions contact Arizona State Cowbelle Beef Ambassador Chair, Katy Wright, at katygroseta@gmail.com or 520-444-4176

