

2025 SCRAMBLE HEIFER VALIDATION CERTIFICATE

BRAZORIA COUNTY FAIR

SUBSTITUTIONS MAY NOT BE MADE AFTER VALIDATION.
PLEASE FILL IN ALL BLANKS

EXHIBITOR'S NAME _____	BIRTHDATE (M/D/Y) _____	AGE _____	
SCHOOL ATTENDING _____	GRADE _____	CLUB _____	
MAILING ADDRESS _____ (PLEASE LIST A PHYSICAL ADDRESS AS WELL IF USING PO BOX)	CITY _____	STATE _____	ZIP _____
EXHIBITOR'S SIGNATURE _____	PARENT OR GUARDIAN SIGNATURE _____	() _____	PHONE # _____

HEIFER BIRTHDATE _____ **BRAHMAN BLOOD** _____ Less than 1/2 _____ 1/2 or More _____ None

FOR OFFICE USE ONLY

Description of Animal _____

Class # _____ Ear Tag # _____