

**Iowa Cattlemen's Foundation**  
**BEEF BASH**  
**Registration form**

Name:

Address:

Youth Cell phone:

Parent's Cell phone:

Grade:

Email:

Youth Beef Team member:

Yes

No

Roommate request:

Please select: T-shirt size – S M L XL

Male or Female

In case of emergency, contact:

Name:

Relationship:

Cell phone:

work phone:

2<sup>nd</sup> Contact Name:

Cell phone:

work phone:

Please list any medications participant is allergic to:

List any medical conditions:

List any medications participant is taking:

List any other existing condition, medical or otherwise, we should be aware of:

Form of payment: \$40 registration fee

Cash

Check

Credit card

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_