

Green County Ag Chest



Dairy Queen Program

Contact Information

Please provide contact information for you and your parents and return this form to the Green County Ag Chest Dairy Queen Program Chairperson, Tess Zettle.

Your Full Name _____

Age _____ Date of Birth _____

School _____ Grade _____

Mother's Name _____

Father's Name _____

Your Address _____

City _____ Zip _____

Your Email _____

Parent Email _____

Your Phone (____) _____

Mother's Phone (____) _____

Father's Phone (____) _____

Is there any time on Community Queen judging day that does not work for you?
