



# GREEN COUNTY AG CHEST

## DAIRY QUEEN PROGRAM Contact Information Form



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

Your Full Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

One character per box

Your Email


One character per box

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 from 9 AM to 4 PM?

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