



STATE BEEF AMBASSADOR COMPETITION REPORT

Reporting State:		Date of competition:	
State Beef Ambassador Program Chair:	,	,	
Contestants			
Participating (List			
name, age, city):			
Name of winner:			
Age:			
Date of Birth:			
Date of Birth:			
Address:			
City, State, Zip:			
Email:			
Phone:			
Parent Names:			
CattleWomen Involved			
(List all names, cities,			
hours volunteered,			
include yourself):			

Program Successes:	
Ideas for future state	
competitions:	
Comments:	

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