



# WARREN COUNTY FARMERS' FAIR ASSOCIATION, INC.

Cooperating Organizations: Warren County Board of Agriculture and Warren Pomona Grange #10

165 County Route 519 South, Belvidere, NJ 07823

Phone: 908/859-6563 ~ Fax: 908/475-6514

farmersfairwc@gmail.com

## 2021 Warren County Farmers' Fair

### Princess Competition Application

ENTRY DEADLINE: May 28, 2021

MANDATORY MEETING: June 7, 2021 at 5:00 PM (Location to be determined)

FULL NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOBBIES, CLUBS & SCHOOL ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGRICULTURAL ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

UNIQUE/INTERESTING FACTS ABOUT YOU: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TALENT TO BE PERFORMED: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I agree to follow ALL rules of the Warren County Farmers' Fair Princess Competition.

SIGNATURE OF CONTESTANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT/GUARDIAN MUST SIGN BELOW**

I grant permission for my daughter to participate in the Warren County Farmers' Fair Princess competition and release the chairmen, committee members, Warren County Farmers' Fair directors and staff from any liability that may be incurred from accident, injury or loss related to this event. I agree that my child will follow ALL rules of the competition and attend all mandatory meetings/practices/appearances. In the event that my child is chosen princess, in addition to the appearances outlined in the rules of the competition, I agree to do my best to have my child available to others that may be requested. (NOTE: Committee/Directors can't always predict what publicity opportunities may become available)

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN APPLICATION AND PHOTOS TO:

Kelley Smith  
c/o Harmony Township Municipal Office  
3003 Belvidere Road  
Phillipsburg, NJ 08865

Call – 908-295-2736 with any questions

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