



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

2022 Warren County Farmers' Fair Queen Competition Application

Age Limit 16-21

ENTRY DEADLINE: May 27, 2022

MANDATORY MEETING: June 8, 2022 @ 5:00 p.m. (Harmony Township Municipal Building, 3003 Belvidere Road, Phillipsburg, NJ)

MUST INCLUDE 300 WORD OR LESS ESSAY AND PHOTO WITH APPLICATION

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: _____

COMMUNITY SERVICE: _____

HOBBIES, CLUBS & SCHOOL ACTIVITIES: _____

AGRICULTURAL ACTIVITIES: _____

UNIQUE/INTERESTING FACTS ABOUT YOU: _____

(continued on page 2)

MOTHER'S NAME: _____ E-MAIL: _____

FATHER'S NAME: _____ E-MAIL: _____

SEE REVERSE SIDE

I agree to follow ALL rules of the Warren County Farmers' Fair Queen Competition. In the event that I am chosen queen, in addition to the appearances outlined in the rules of the competition, I agree to do my best to be available to others that may requested of me. (NOTE: Committee/Directors can't always predict what publicity opportunities may present themselves)

I agree that by participating in the competition I 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.

SIGNATURE OF CONTESTANT: _____ DATE: _____

PARENT/GUARDIAN MUST SIGN BELOW IF CONTESTENT IS UNDER 18 YEARS OF AGE

I grant permission for my daughter to participate in the Warren County Farmers' Fair Queen 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.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____

RETURN TO:

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

Call – 908-295-2736 (Kelley) or 201-874-2390 (Ann) with any questions

