



Fairest of the Fair Application

Name:

Phone:

Address:

City:

State:

Zip:

Age as of July 1st of current year (must be 18 years old):

Email address:

Parents:

Phone:

Address:

City:

State:

Zip:

CONNECTION WITH THE OZAUKEE COUNTY FAIR

Are you a resident of Ozaukee County?

Were you or are you involved with Ozaukee County 4-H or Ozaukee County Agricultural Society? If so, summarize your involvement.

Describe your connection and/or past involvement with the Ozaukee County Fair.

No late applications accepted.



EDUCATION

High School, Grade or Graduation Date:

College, Year, Major:

School Honors and Awards:

Other Schools and Special Training:

COMMUNITY

Extracurricular Activities and Community Involvement:

Volunteer Activities:

No late applications accepted.



SHORT ANSWERS

What makes you a good candidate for Fairest of the Fair?

Why do you want to be the next Ozaukee County Fairest of the Fair?

Why is the role of the Fairest of the Fair important to Ozaukee County and the County Fair?

List two important points you would make when promoting the Fair.

Signature: _____ Date: _____

Save the date: Photo session and orientation, Sunday, June 26th, 11am @ Sundae on the Farm-Roden Barnyard Adventures 5545 County Road Y West Bend, WI

**Submit by email to fairestofthefair@ozaukeecountyfair.com
or by mail: Ozaukee Fairest of the Fair P.O. Box 173 Cedarburg, WI 53012
by **May 1st****

Any questions, please email the above address.

No late applications accepted.



Photo and Video Release

Submit a copy of this signed release with the application.

The undersigned hereby authorizes the Ozaukee County Agricultural Society (OCAS), its agents, representatives or any bona fide news media to use any photograph(s) or other video depiction(s) of me for any purpose which, in the sole judgment of the OCAS, may further the goals of the OCAS or affiliated organizations. These purposes may involve print, broadcast or web-based advertising, media, or other public display or dissemination.

Name of person in photograph(s)

Signature/Name of person in photograph (consenting)

Date

Authorized signature
(minor or incompetent subject)

Relationship

Date

No late applications accepted.