**Official Entry Form**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age as of April 1 of the contest year: \_\_\_\_\_ $50 entry fee is due with this form.**

**Junior contestants must be 10 to 14 years of age as of April 1 of this year.**

**Senior contestants must be 15 to 20 years of age as of April 1 of this year.**

**Contest you are entering: ❒ Queen ❒ King ❒ Junior ❒ Senior**

**\*Please email a photograph of yourself to be used on our website and in the news and other brochures and flyers. Photo should be a headshot or from waist up in jpeg format.**

* I agree to follow the rules of the Camas County Fair Royalty Program as set forth in the rules and any subsequent rule changes.
* I understand that I am responsible for returning any perpetual awards and/or awards I may win in near the same condition I receive them if required by the Royalty committee. I further agree to pay for any lost or damaged perpetual awards that I was responsible for. I understand by winning, I am required to attend and the Camas County Fair and other community events as a representative for Camas County Fair.
* I understand I may be asked to help with fundraising activities to help pay for the administration of the Camas County Fair Royalty Program.
* If a contestant moves, quits, or fails to show up for the Competition, the $50.00 entry fee will automatically be forfeited to the Royalty Program to offset the cost of program expenses. This fee will be refunded at the direction of the Royalty Chairperson with a valid doctor's certificate that states the contestant is unable to compete due to health reasons.

As a contestant in the Camas Fair County Royalty Program, I do hereby state I have read, understand and agree with the above paragraphs and will follow the rules of the Camas County Fair Royalty Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contestants Printed Name Signature Date

I hereby state I am the legal guardian/parent of the above named minor that I have read understood and agree with the preceding paragraphs and will follow the rules of the Camas County Fair Royalty Program. I also agree to insure my child is properly chaperoned during the Royalty Competition and at any events my child may be invited to attend as a member of the Royalty Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Printed Name Signature Date