

All entries must be postmarked by August 7, 2020.

TUSCARAWAS COUNTY FAIR ROYALTY CONTEST

PURPOSE

To be a spokesperson for the Tuscarawas County Fair while representing the Tuscarawas County Fair during the Junior and Senior fair activities and Tuscarawas County functions. The Queen is to represent Tuscarawas County at the Ohio Fair's Queen Contest in January at the Ohio Fair Managers Conference in Columbus, Ohio. Senior Fair Board will cover hotel and conference fees.

DELIVER OR MAIL TO:

OSU Extension
419 16th St SW
New Phila, OH 44663

JACQUE PETERS, Sr. Fair Rep
330-691-0813

WENDY VOGEL, Coordinator
330-897-8002/330-340-9696

APPLICANTS WILL BE JUDGED ON:

- Club Activities
- Leadership
- Poise
- Personality
- 4-H or FFA Achievements
- Appearance & Attire
- Question responses at interview
- Communication Experience

ELIGIBILITY

Any older youth enrolled in a 4-H or FFA chapter and eligible to exhibit at the Tuscarawas County Junior Fair. Entrants must be between the ages of 16 to 19 years of age as of January 1st.

INTERVIEWS

Wednesday, September 2, 2020
beginning at 6:00 p.m.

INTERVIEW ATTENDANCE IS MANDATORY.

Dress - Business Professional
Applicants will be contacted to schedule a specific interview time.

NAME: _____

ADDRESS: _____

PHONE: _____ AGE AS OF JANUARY 1, 2020: _____

SHIRT SIZE

Please include the following pages with this form (must be typed)

Page 1: Applicants must include a list of 4-H or FFA Projects, boards, awards, and activities along with your Junior Fair involvement. ***This page must be signed by an advisor.***

Page 2: Applicants must include a list of school and community activities and achievements as well as any public speaking experience.

Page 3: Applicants need to include a ONE PAGE essay on why he/she should be selected to represent Tuscarawas County as the Fair King or Queen.

Additional: Include **2 REFERENCE LETTERS**; one from an adult involved in the 4-H or FFA program and one from another adult in your life.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF ADVISOR: _____ DATE: _____

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