

Wisconsin Association of Fairs 2019 Judges Affidavit

Reference Key: WAF (Wisconsin Association of Fairs); WI FOTF (Wisconsin Fairest of the Fairs)

**All rules must be initialed by a Fair Representative in order for
your contestant to compete in the WI FOTF Contest.
Please read and initial each contest rule.**

Name of Fair: _____

	Our fair is a WAF member in good standing.
	Our fair held a Fairest of the Fair Contest and selected a Fairest in accordance with the rules set forth by the WAF FOTF Committee and intends to compete at the 2019 WI FOTF Contest to be held during their annual convention, January 6-9, 2019 at the Chula Vista Resort in WI Dells.
	Our fair confirms that our contestant is the current Fairest of the Fair <i>or</i> is competing for the WI FOTF title within one year of surrendering his/her local FOTF term.
	Our fair confirms that our contestant has not competed at the WI FOTF Contest in the past.
	Our fair confirms our contestant is at least 18 years of age as of January 1, 2019.
	Our fair understands the time, manner and method of judging will be decided by the WAF FOTF Committee.
	Our fair understands the decision of the judges is final.
	Our fair understands that while participating in the WI FOTF Contest, contestants will not be allowed to visit county/district fair or convention hospitality rooms until the conclusion of the banquet.
	Our fair understands that if our contestant is selected at the WI FOTF, he/she will be unable to attend our local fair if it competes with the dates of the WI State Fair. If not during WI State Fair, he/she will only be able to dedicate one day to visit his/her home fair.
	Our fair agrees if we use social media we will only air our contestant, not the entire event.
	Our fair understands that if our contestant is unable to compete at the WI FOTF Contest, he/she must notify WAF prior to November 1, 2018 to receive a refund.

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Name of Fair: _____

Name of Contestant: _____

Contestant Phone Number: _____

Contestant E-Mail: _____

Name of Judges & Contact Information: (Phone, Address or E-mail)

Two signatures are required for the official application. One signature from the local Chairperson of the FOTF Program and one from an officer of your Fair Board. By initialing and signing the form, you agree that the above statements are true and the contact information provided is correct.

Please Print Name of Chairperson of the Fairest of the Fairs Program

Signature Chairperson of the Fairest of the Fairs Program

Date

Please Print Name of Fair Board Officer

Signature Fair Board Officer

Date

Due October 1, 2018 to WAF, 5320 County Road F, Merrill, WI 54452