

Judge's Reimbursement Request

DEADLINE: June 30th

Mail original to:
Whidbey Island Fair
P O Box 519
Langley, WA 98260

Department # _____ Division # _____ Division Description _____

Superintendent Name _____

Superintendent phone # _____

Judge's Name _____

Amount of check \$ _____

Judge's Address _____

Judge's phone # _____

Judge's Name _____

Amount of check \$ _____

Judge's Address _____

Judge's phone # _____

Judge's Name _____

Amount of check \$ _____

Judge's Address _____

Judge's phone # _____

IF REQUEST IS NOT RECEIVED BY June 30th, JUDGES WILL NOT BE PAID UNTIL AFTER THE FAIR.