

**To be completed by individuals desiring to be New
Superintendents or Assistants**

(Please print or type the following information)

I would like to volunteer for: Open Class _____ FFA _____ Grange Youth _____
**Contact the WSU Extension 4-H Office 564-397-5730 if you are interested in becoming a Fair 4-H Superintendent*

As a Superintendent _____ Assistant Superintendent _____
(New Superintendent or Assistant Superintendents must be at least 18 years old).

Area of Interest: _____

Name: _____

Address: _____
City State Zip code

Phone number: _____ Cell phone: _____ Message: _____

E-mail address: _____

Emergency Contact within Vancouver/Portland area:

Name: _____ Phone number: _____

Address: _____
City State Zip code

Relationship: _____

Doctor's name: _____ Phone number: _____

Address: _____
City State Zip code

Hospital Preference: _____

Medical Conditions, allergies, etc.: _____

Have you ever been tried on a felony or misdemeanor charge? _____

Convicted? _____

List what, when, and where? _____

Signature: _____ Date: _____

Current Superintendent signature: _____ Date: _____

Fair Representative signature: _____ Date: _____

Return to: Fairgrounds Site Management Group (FSMG)

Attention: Premium and Awards
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Email: ccfair@clark.wa.gov