

**CLARK COUNTY FAIR  
JUDGES REQUEST FORM**

**Please submit the judge's form to the Administration office no later than April 1, of the current Fair year.**

**Please use one form for each Judge.**

**DEPARTMENT NAME:** \_\_\_\_\_

**SUPERINTENDENT'S NAME:** \_\_\_\_\_

ADDRESS OF SUPERINTENDENT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**ASSISTANT SUPERINTENDENT:** \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**MY JUDGE'S NAME IS:** \_\_\_\_\_

ADDRESS OF JUDGE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

JUDGING DATE (S): \_\_\_\_\_ START TIME \_\_\_\_\_ TO \_\_\_\_\_

JUDGING DATE (S): \_\_\_\_\_ START TIME \_\_\_\_\_ TO \_\_\_\_\_

JUDGING DATE (S): \_\_\_\_\_ START TIME \_\_\_\_\_ TO \_\_\_\_\_

JUDGING DATE (S): \_\_\_\_\_ START TIME \_\_\_\_\_ TO \_\_\_\_\_

ACCOMMODATIONS: YES \_\_\_\_\_ NO \_\_\_\_\_

ACCOMMODATIONS check in day/date: \_\_\_\_\_ check out day/date: \_\_\_\_\_

PLEASE CIRCLE TYPE OF ACCOMMODATIONS:    RV CAMPING        HOTEL/MOTEL

JUDGE QUALIFICATIONS: \_\_\_\_\_

Thank you for your prompt response.

CLARK COUNTY FAIR  
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Ridgefield, WA 98642  
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Email: [ccfair@clarkcofair.com](mailto:ccfair@clarkcofair.com)