

**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
17402 N. E. Delfel Road
Ridgefield, WA 98642
Phone 564-397-6180 or Fax 564-397-6185
Email: ccfair@clarkcofair.com