

**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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