

**CLARK COUNTY FAIR ASSOCIATION  
SUPERINTENDENTS JUDGES FORM**

SUBJECT: INFORMATION FORM FOR **2013 CLARK COUNTY FAIR** JUDGES

Please submit the judges for your department no later than **April 1, 2013**.

Each request for a judge must be submitted on this completed form and sent to the Administration office.

**Feel free to copy this form and 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 \_\_\_\_\_

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

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

IF YES WHEN ARE ACCOMMODATIONS NEEDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

PLEASE CIRCLE TYPE OF ACCOMMODATIONS:    RV CAMPING        HOTEL/MOTEL

Thank you for your prompt response.

FAIRGROUNDS SITE MANAGEMENT GROUP  
17402 NE Delfel Road  
Ridgefield, WA 98642  
360-397-6180 or Fax 360-397-6185