

# Wisconsin Association of Fairs 2025 Judges Affidavit

**Reference Key: WAF (Wisconsin Association of Fairs); WI FOTF (Wisconsin Fairest of the Fairs)**

**All rules must be initialed by a Fair Representative in order for  
your contestant to compete in the WI FOTF Contest.  
Please read and initial each contest rule.**

	Our fair is a WAF member in good standing.
	Our fair held a Fairest of the Fair Contest and selected a Fairest in accordance with the rules set forth by the WAF WI FOTF Committee and intends to compete at the 2024 WI FOTF Contest to be held during their annual convention, January 7-10, 2024 at the Chula Vista Resort in WI Dells.
	Our fair confirms that our contestant is the current Fairest of the Fair <i>or</i> is competing for the WI FOTF title within one year of surrendering his/her local FOTF term.
	Our fair confirms that our contestant has not competed at the WI FOTF Contest in the past.
	Our fair confirms our contestant is at least 18 years of age as of January 1, 2024.
	Our fair understands the time, manner and method of judging will be decided by the WAF WI FOTF Committee.
	Our fair understands the decision of the judges is final.
	Our fair understands that while participating in the WI FOTF Contest, contestants will not be allowed to visit county/district fair or convention hospitality rooms until the conclusion of the banquet.
	Our fair understands that if our contestant is selected as the WI FOTF, he/she will be unable to attend our local fair if our fair dates are the same as the WSF. If not during WSF, he/she will only be able to dedicate one day to visit his/her home fair.
	Our fair agrees if we use social media we will only air our contestant, not the entire event.
	Our fair understands that if our contestant is unable to compete at the WI FOTF Contest, he/she must notify WAF prior to November 1, 2023 to receive a refund.

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Name of Fair: \_\_\_\_\_

Name of Contestant: \_\_\_\_\_

Contestant Phone Number: \_\_\_\_\_

Contestant Email: \_\_\_\_\_

Name of Judges & Contact Information: (Phone, Address or Email)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Two signatures are required. One signature from the local Fairest Chair/Coordinator and one from an officer of your Fair Board. By initialing and signing the form, you agree that the above statements are true and the contact information provided is correct.

\_\_\_\_\_  
Please Print Name of Fairest Chair/Coordinator

\_\_\_\_\_  
Signature Chairperson of the Fairest Chair/Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Fair Board Officer

\_\_\_\_\_  
Signature Fair Board Officer

\_\_\_\_\_  
Date

**Due electronically via email to [info@wifairs.com](mailto:info@wifairs.com) on  
October 1, 2024**