

Name		Age	Date of birth
C	S		nuary 1st of the current year. ary 1st of the current year to be
Address			
Parents/Guardians Nam	es		
Address (if different)			
Your phone	Parent/Guardia	n (if diffe	erent)
E-mail	Cell Phone	·	Driver's License
School you attend			Grade
•		_	tions you are a member of and you hold. Please use a separate
Tall as substance would be	ha ka gamra an kha Iunia	. Fain Da	and and mhat abilla you wasses
that would make you a g		' Fair Boa	ard and what skills you process
Explain what changes or it would benefit the fair.	r improvements you wou	ld like to	see in the Bedford Fair and how

Would you be able to attend all the Junior Fair Board meetings?

What benefits or experience would you expect to gain by becoming a member of the Junior Fair Board?

Statement of commitment:

I agree, if I am selected as a member, that I will attend all assigned functions. Excused absences and exceptions will be determined by the Advisor and Fair Board. By signing, I indicate that I am willing and able to be an active participant of the Junior Fair Board. I also acknowledge that I will be expected to abide by the bylaws of the organization.

Application Signature	Date
Address	
	commendation from an advisor (teacher, counselor, your participation in the Junior Fair Board. Choose
Junior Fair Board (JFB). If chos	ted to participate as a member of the Bedford Fair sen, I am aware of the time and transportation o assure that my child fully participates to the
Parent/Guardian Name	
Parent/Guardian Signature	
Address	
Home Phone	Cell phone

All applicants will be interviewed at a predetermined date at the Bedford Fair Office. Applications may be dropped off at the fair office or mailed to address below.

Bedford Fair P.O. Box 244 or 729 West Pitt St. Bedford, PA 15522