## **CROOK COUNTY FAIR BOARD**

## APPLICATION FOR COMMITTEE APPOINTMENT

(Please type or print)

NAM	E:		DATE:
	Last	First	Middle
MAII	ING ADDRESS:		
1417 (12	Ir	nclude City, State, a	and Zip
PHYS	ICAL ADDRESS (if differ	rent from above) •	
11113	TENE NOONESS (II diller	Tent nom above;	
HOM	E TELEPHONE:		ALTERNATE PHONE:
EMAI	L ADDRESS:		
COLIN	NTY RESIDENT SINCE		
			AND, IF YES, HOW MANY YEARS:
PΙFΔ	SE CHECK WHICH CC	NMMITTEE YOU ARE	F APPIVING FOR:
I LLA.	SE CITECK WITHEIT CC	NINITTEE 100 AND	LAITEING FOR.
	Youth Livestock Co	ommittee	Awards Committee
	Sale Committee		Horse Show Committee
	Entertainment Co	mmittee	
	EXPER	RIENCE/QUALIFICAT	TIONS FOR SERVING ON THE COMMITTEE
	SPI	FCIAL INTERESTS/CI	CIVIC GROUPS/VOLUNTEER ACTIVITIES

## COMMITTEE MEMBER REQUIREMENTS AS ESTABLISHED BY THE CROOK COUNTY FAIR BOARD

- 1. Attended and participate in every meeting unless excused by the committee in their minutes.
- 2. Follow and obey the constitution and by-laws that govern the committee you are appointed.
- 3. A vacancy will exist at the end of your term. A new application must be submitted for reappointments and new appointments.
- 4. Serve in such a way as to represent all of the residents of Crook County.
- 5. Upon receipt of a letter from a committee that a member has missed 3 consecutive meetings, over half the meetings or with 3 unexcused absences in any 12-month period, the Crook County Fair Board will declare a vacancy and advertise for a new committee member.
- 6. I understand that I may also be removed for any criminal charge or for cause by the Crook County Fair Board.
- 7. I authorize the Crook County Fair Board to do a background search and criminal history before or after I am appointed.
- 8. To read and abide by the written policies and rules of the Fair Board.

I have read and understand the requirements to be a Crook County Fair Committee Member. I understand this application will be active for a period of one year in case a vacancy occurs during yearly advertising. After that time period and I wish to be considered for an appointment, I must submit a new application.

I do hereby certify, swear, and affirm under penalty of perjury, that the information included herein is correct and just in all respects.

SIGNATURE:	DATE:

MAIL OR DELIVER COMPLETED APPLICATION TO:

CROOK COUNTY FAIR BOARD
PO BOX 473
1110 FAIRGROUNDS LOOP ROAD
SUNDANCE WY, 82729
PHONE: 307-283-2644

EMAIL: crookcofair@rangeweb.net