MISS NORTH IOWA FAIR QUEEN COMPETITION 2024 ENTRY FORM

NAME		
ADDRESS	CITY	ZIP
ADDRESS		
PHONE NUMBER ()		
EMAIL		
AGEBIRTH	DAYCOUNTY	OF RESIDENCE
	DENT OF CERRO GORDO COU RDO COUNTY? (PLEASE FUR	UNTY, ARE 50% OF YOUR THER EXPLAIN YOUR ANSWER IN DETAIL
PARENT/GUARDIAN NAM	E(s) (TYPE OR PRINT AS YOU WOULD	D LIKE NAME ANNOUNCED AT CORONATION)
PARENT PHONE NUMBER	()	
CURRENT GPA:	HIGH SCHOOL	
SCHOOL ACTIVITIES (Be s	ure to include leadership position	ıs):

COMMUNITY ACTIVITIES (Be sure to include leadership positions):

HONORS AND SCHOLARSHIPS AWARDED IN SCHOOL AND COMMUNITY:

HOBBIES:

PLANS FOR THE FUTURE (Give details of the coming year and five years from now—goals, work, school, etc.):

Please explain, in one typed page (500 words or less, single-spaced, 12-point Times New Roman font, and attach page to this Entry Form) :

- 1. How you could best represent the North Iowa Fair by being selected as the 2024 Miss North Iowa Fair Queen; and
- 2. Why you would like to be chosen as the 2024 Miss North Iowa Fair Queen.

SIGNATURE OF CONTESTANT_____

PLEASE HAND DELIVER OR MAIL YOUR COMPLETED ENTRY FORM TO:

NORTH IOWA EVENTS CENTER ATTENTION: QUEEN CONTEST COORDINATORS 3700 4TH STREET SW MASON CITY, IA 50401-1590

**** ENTRY FORM DUE BY 4 P.M. ON FRIDAY, JULY 12, 2024. **** JUDGING WILL BE ON SUNDAY, JULY 14, 2024 AT 1 P.M. AT THE NORTH IOWA EVENTS CENTER.