

ST. LOUIS COUNTY FAIR BOARD

YOUTH ADVISORY COMMITTEE APPLICATION

The St. Louis County Fair Board is looking for seven to eight young people willing to serve the Fair Board in an advisory capacity. This Youth Advisory Committee will meet the 3rd Thursday of each month, prior to the regular Fair Board meeting. Meetings will be held at the Fair Office in Hibbing.

The Fair Board will be looking to this Committee for advice on how to make the St. Louis County Fair the "must attend" event for every young person in northern Minnesota. Committee members may also be asked to assist with the actual operation of the Fair, including set-up and tear down.

Youths in grades 7 -12 are eligible. Committee members must be able to drive or have a reliable way to get to meetings in Hibbing and to the Fairgrounds in Chisholm, and must live within the Association's service district which is that portion of St. Louis County that lies north of Cotton. Applicants need not be 4-H members nor have exhibited at past Fairs.

If you have ever wanted to see behind-the-scenes of the Fair, or wished that you could have some input into what goes on at the Fair, then you could be the perfect person for the Youth Advisory Committee. Complete the application below, and mail it to St. Louis County Fair, P.O. Box 629, Hibbing, MN 55746 or email it to stlofair@uslink.net

Apply by October 1, 2016. Call Bettie at 218-263-4256 with any questions regarding the committee or the application or email Bettie at stlofair@uslink.net

NAME: _____ MALE _____ FEMALE _____

ADDRESS: _____ CITY _____ ZIP _____

AGE _____ TELEPHONE _____ EMAIL _____

PARENTS' NAMES _____ TELEPHONE _____

SCHOOL ATTENDED _____ GRADE _____

CLUBS I BELONG TO _____

HOBBIES I ENJOY _____

I LIVE ON A FARM _____ I LIVE IN TOWN _____ I HAVE EXHIBITED AT THE FAIR: YES _____ NO _____

THE LAST YEAR I ATTENDED THE FAIR WAS _____

MY FAVORITE THING ABOUT THE FAIR IS _____

MY LEAST FAVORITE THING ABOUT THE FAIR IS _____

IF I COULD CHANGE ONE THING ABOUT THE FAIR, IT WOULD BE _____

BRIEFLY STATE WHY YOU FEEL YOU WOULD BE AN ASSET TO THE YOUTH ADVISORY COMMITTEE _____

WHY WOULD YOU LIKE TO PARTICIPATE ON THIS COMMITTEE _____

I UNDERSTAND THAT IF I AM SELECTED TO SERVE ON THE YOUTH ADVISORY COMMITTEE I WILL BE EXPECTED TO REFRAIN FROM SMOKING, DRINKING OR USING ANY NON-PRESCRIBED DRUG(S) AND THAT I WILL BE SUSPENDED FROM THE COMMITTEE IF I ACT OTHERWISE.

_____ (Sign if agreeable)

Date: _____

Signature: _____

Parent's signature _____