

Junior Superintendent Application

Polk County Fair

Name: _____

Address: _____

Phone: _____ Cell: _____

e-mail: _____ Age: _____ Years in 4-H _____

4-H Club(s) you are a member of: _____

Name of area you would like to assist in: _____

Reason for applying: _____

Please list three skills or experiences that qualify you as an applicant for a Junior Superintendent position:

A. _____

B. _____

C. _____

Signature: _____

Date submitted: _____

Parent Signature: _____