



2017 – JACARANDA QUEEN CANDIDATE NOMINATION FORM

Nominations close at 4.00pm on Friday 19th May 2017

THE _____
(full title of sponsoring organisation)

HEREBY NOMINATES _____
(full name of candidate)

SIGNED OFFICE _____
(President/Secretary etc)

DATE PHONE NUMBER _____



I _____
(full name of candidate)

USUALLY CALLED _____

Hereby, I accept nomination as a candidate for the Jacaranda Queen Quest and assert that I have read the conditions of nomination and agree to abide by the rules of participation. I have resided in the Clarence Valley for a minimum of twelve months. I understand that by signing this form I am required to attend all Jacaranda meetings and functions as requested. **Journal monetary entries are confidential and are not to be discussed, especially between fellow candidates.**

SIGNED CANDIDATE DATE _____

ADDRESS _____

PHONE Home _____
Work _____
Mobile _____
Email _____



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**2017 – JACARANDA QUEEN CANDIDATE
PERSONAL PROFILE**

This profile is used to assist the Festival Coordinator in compiling editorial information, for your profile in media and publicity including but not limited to newspaper features, festival program and social media. Please respond to the questions below. Attach additional sheets if necessary. You should not exceed 1000 words in total.

Date of Birth: _____

Occupation: _____

Employed by: _____

Name & Phone of Parents / Alternative contact person:

Schools Attended: _____

Leisure Interests & Hobbies: _____

Ambitions: _____

Special / Personal Comments:

How have you been and, how will you continue to be an inspiration to young people in the community?



ACCEPTANCE / DECLARATION JACARANDA QUEEN CANDIDATE AND SPONSORS

I have noted the rules of participation for Candidates and Sponsoring organisations for the 2017 Jacaranda Queen Quest and agree to abide by these conditions.

Signed by the Candidate: _____

Signed on behalf of Sponsoring Organisation: _____

Name: _____

Role in Sponsoring Organisation: _____

Name of Organisation: _____

Signed by a Witness (an independent third party): _____

Witness Name: _____

Dated: _____

Office Use:

Nomination Form received and accepted by the Grafton Jacaranda Festival Inc.

Date Received: _____

Signed: _____

Name/Position: _____