



## 2018 QUEEN CONTEST INFORMATION

### QUEEN QUALIFICATIONS:

- High School Sophomore, Junior or Senior for the upcoming 2018/2019 school year
- Ability to ride a horse
- Live within a 50-mile radius of Dalhart, Texas
- Unmarried

### MANDATORY DRESS:

- Solid white long sleeve shirt with collar, blue jeans and cowgirl hat.

### JUDGING:

- There will be 3 judges
- Contestants will be judged on Personality, Poise, Horsemanship and Interview.
- Points will be awarded by the XIT Directors to each contestant for the amount of participation they give during all the XIT festivities.
- Judge's and Director's decisions are **FINAL**.

### ENTRY DEADLINE:

- May 20, 2018

### MAIL ENTRIES TO:

- XIT Rodeo & Reunion Queen Contest  
ATTN: Trent Cunningham  
1403 Oak Avenue  
Dalhart, TX 79022

### DIRECTOR CONTACT:

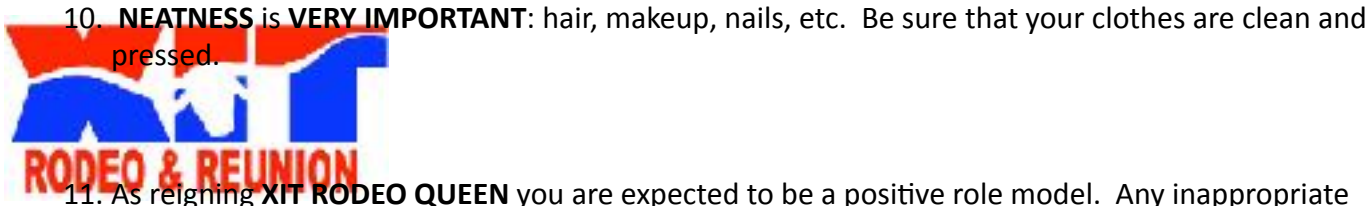
- Trent Cunningham
- (806) 252-7979



## 2018 QUEEN RULES & REGULATIONS

**The winner of the XIT Rodeo Queen Contest is expected to follow the rules listed below.  
Please read them carefully, sign and return with entry form.**

1. Smoking, drinking and illegal drug use **will not be tolerated**.
2. As reigning XIT Rodeo Queen, anytime you participate in a designated XIT function, you are required to wear white shirt with a collar, blue jeans and cowgirl hat along with crown, sash, etc.
3. When attending a Rodeo, Parade or designated XIT function, you must have the permission of the President or your designated Director to leave.
4. Arrive at the Rodeo, Parade, or other designated XIT function with plenty of time to check in with your designated Director.
5. After a Rodeo, Parade or other designated XIT function appearance; you may go to a dance or party with parental permission and a designated director. You must continue to wear your XIT Rodeo Queen attire.
6. **Thank you notes are ESSENTIAL and should be mailed to ALL XIT QUEEN donors the week following XIT!!!!**
7. You will **NOT** participate in any other pageants throughout your reign as XIT Rodeo Queen.
8. Prizes awarded to you as XIT RODEO QUEEN are as is. You will not change any part of the awards. Example: Changing stirrup fenders on saddle.
9. You will be expected to participate in **ALL** designated XIT functions unless otherwise granted absence by the President or Designated Director.



10. **NEATNESS is VERY IMPORTANT:** hair, makeup, nails, etc. Be sure that your clothes are clean and pressed.

11. As reigning **XIT RODEO QUEEN** you are expected to be a positive role model. Any inappropriate behavior or conduct **WILL NOT BE TOLERATED.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 2018 QUEEN CONTESTANT ENTRY FORM

Name: \_\_\_\_\_

Mailing/Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade and Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Clubs or organizations you are a member of (if officer, please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Short History of your life: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other contests won: \_\_\_\_\_

School you attend and your favorite subject: \_\_\_\_\_



Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair color: \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Your ambitions/goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2018 QUEEN CONTESTANT  
RELEASE FORM**

I, \_\_\_\_\_, the undersigned, do fully understand that should I not be able to fulfill the duties of XIT RODEO QUEEN due to marriage, unsuitable conduct or acts of God, the title of XIT RODEO QUEEN and all connected prizes and gifts will be surrendered to XIT Rodeo officials and awarded to the first runner up of the XIT RODEO QUEEN pageant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**QUEEN CONTEST  
PARENTAL PERMISSION**

My daughter, \_\_\_\_\_, has my permission to participate in the XIT Rodeo & Reunion Queen contest.

She is in good physical condition and has not had any serious illnesses or operations, not listed, since last healthy exam. (List any recent serious illnesses or operations here):

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During the activities I may be reached at phone #: \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relation to participant: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Physician's phone #: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

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I AUTHORIZE EMERGENCY MEDICAL TREATMENT IN CASE OF ILLNESS OR ACCIDENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_