



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:

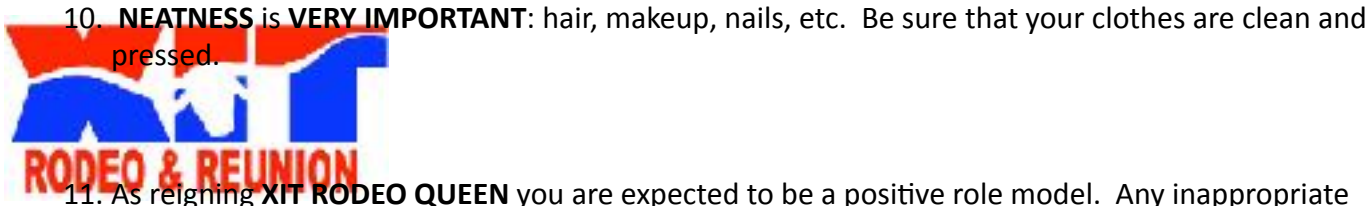
- Trent Cunningham
- (806) 252-7979



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):

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: _____

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

Signature: _____ Date: _____