Your application for Don Diego de Vargas / La Reina de la Fiesta de Santa Fe ™ is due by 5 PM, on Thursday March 28, 2019.

Application can be submitted to:

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<tr>
<th>Chair</th>
<th>Committee</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Mr. Martin Roybal</td>
<td>De Vargas ,Chair</td>
<td>(505) 629-2397</td>
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<td></td>
<td><a href="mailto:Mjroybal2003@yahoo.com">Mjroybal2003@yahoo.com</a></td>
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<tr>
<td>Mr. Victor Vigil</td>
<td>Queen &amp; Court, Chair</td>
<td>(505) 231-4616</td>
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<td><a href="mailto:vicvig11@aol.com">vicvig11@aol.com</a></td>
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The following items must be included with the application and submitted by Thursday, March 28, 2019 5 pm in order to constitute a completed application. Candidates with incomplete application packets will not be eligible to participate in contest selection.

Completed

1. Application □
2. State of New Mexico Background Check (Signed background check - New Mexico Department of Public Safety –505 / 827 9233) □
3. Fingerprint Card □
4. (New Mexico Department of Public Safety – (505 / 827 9233) □
5. Photo (recent color image) □
6. Copy of Driver's License or Passport □
7. Three (3) Letters of Recommendation from non-family members □
8. Brief description of your Spanish surname □
9. Copy of your family Coat of Arms □
10. Sponsorship fee $500.00; Payable: Santa Fe Fiesta Inc. (NON-REFUNDABLE) □
Fiesta de Santa Fe Royalty Application

The deadline for completed applications is: Thursday, March 28, 2019

For more information please visit our website at: www.santafefiesta.org

I am applying for (Please check one):

____ Don Diego de Vargas Contestant (ages 21 and 50)

____ La Renia de La Fiesta Contestant (ages 21 to 35)

All applications must be accompanied by the following items:
- Photo
- Resume
- Copy of Driver's License or Passport
- Three (3) Letters of Recommendation from non-family members
- Signed finger cards print and New Mexico background check from New Mexico Department of Public Safety / 4491 Cerrillos Road, Santa Fe NM (505 / 827 9233)
- Brief description of your Spanish surname and a copy of your Coat of Arms
  *Please note Compound Spanish Last Names are: your Father's last name first, followed by your Mother's maiden name, separated by "y"
- Sponsorship fee $500.00 made payable to the Santa Fe Fiesta Inc. (NON-REFUNDABLE)
- Multiple Sponsorship is accepted
- (For DeVargas applicants only) A list of sixteen (16) Cuadriila Staff Members is recommended. (Nominated members must be a minimum of 21 years of age or older)

Name: ________________________________ (Exactly how you want it published, no changes will be accepted. EXAMPLE: Matthew Paul Pacheco y Ortega / Victoria Elena Rodriguez y Gutierrez)

Address: __________________________________________ City, State, Zip: ____________________________

Home Phone Number: ___________________________ Cell Phone Number: ___________________________

Date of Birth: _________________________________ Place of Birth: _______________________________

E-mail Address: __________________________________________________________

Mother's Name (please include middle and maiden name): __________________________

Father's Name (please include middle name): ________________________________

Name of Sponsor: ________________________________________________

Employer: __________________________________________ Work Phone Number: ________________________

Employer Address: __________________________________________ City, State, Zip: _______________________

Applications must be delivered to:
Respective Chairs.
Emergency Contact Information

Name: __________________________________    Cell Phone Number: ______________________

Home Phone Number: _________________________    Work Phone Number: ______________________

Address: ________________________________    City, State, Zip: __________    __________

All Candidates must understand that it is the responsibility of the Candidate to conduct his/herself at all times during his/her tenure in a dignified and respectable manner and that if the Santa Fe Fiesta Council Inc. determines that the public conduct of the Candidate by way of intoxication, language, behavior or any other component in any way which in the opinion of the Santa Fe Fiesta Council Inc. compromises the reputation of his/herself, the Santa Fe Fiesta Council Inc. or the Fiesta de Santa Fe, the Candidate may be removed from his/her role and title.

I, ________________________________________, certify that the above information is true and correct, and that any misinformation may cause the Santa Fe Fiesta Council Inc. to remove my name and disallow any participation in the Contest Selection or in the Fiesta de Santa Fe activities.

STATE of New Mexico
CITY AND COUNTY OF SANTA FE
This instrument sworn and subscribe to in my presence this _______ day of __________________, 2019

Notary Public

My Commission Expires
AUTHORIZATION FOR RELEASE OF INFORMATION

NAME (MUST BE PRINTED-LEGIBLY) __________________________ (SSN#) __________________________ (DOB) __________________________

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF") __________________________________________________________________________

ADDRESS: __________________________________________________________________________

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND/OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS FN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: __________________________

DATE: __________________________

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS __________________________ DAY OF __________________________

(SEAL) __________________________

(SIGNATURE OF NOTARY PUBLIC) __________________________

MY COMMISSION EXPIRES: __________________________