



SANTA FE FIESTA, INC.

Your application for Don Diego de Vargas / La Reina de la Fiesta de Santa Fe™ is due by 5 PM, on Friday, March 31, 2017.

Application can be submitted to:

Chair	Committee	Contact Information
Mr. Kevin Romero	De Vargas ,Chair kcromero808@yahoo.com	(505) 603-2608
Mr. Victor Vigil	Queen & Court, Chair vicvig11@aol.com	(505) 231-4616

The following items must be included with the application and submitted by Friday, March 31, 2017 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	<input type="checkbox"/>
2. State of New Mexico Background Check (Signed background check - New Mexico Department of Public Safety - 505 / 827 9233)	<input type="checkbox"/>
3. Fingerprint Card (New Mexico Department of Public Safety - 505 / 827 9233)	<input type="checkbox"/>
4. Resume	<input type="checkbox"/>
5. Photo (recent color image)	<input type="checkbox"/>
6. Copy of Birth Certificate or Baptismal Certificate	<input type="checkbox"/>
7. Copy of Driver's License	<input type="checkbox"/>
8. Three (3) Letters of Recommendation from non-family members	<input type="checkbox"/>
9. Brief description of your Spanish surname	<input type="checkbox"/>
10. Copy of your family Coat of Arms	<input type="checkbox"/>
11. Sponsorship fee \$500.00; Payable: Santa Fe Fiesta Inc. (NON-REFUNDABLE)	<input type="checkbox"/>



Fiesta de Santa Fe Royalty Application

The deadline for completed applications is: Friday, **March 31, 2017**

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

I am applying for (Please check one):

_____ Don Diego de Vargas Contestant (ages 21 and older)

_____ La Renia de La Fiesta Contestant (ages 21 to 30)

**Applications must be
delivered to:
Respective Chairs.**

All applications must be accompanied by the following items:

- Photo
- Resume
- Copy of Birth Certificate or Baptismal Certificate
- Copy of Driver's License
- 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)
- Dual Sponsorship is accepted
- **(For DeVargas applicants only)** A list of sixteen (16) Cuadriila Staff Members and Contact Information
(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: _____

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.

▸ _____, 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 _____, 2017

Notary Public

My Commission Expires

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628 ATTN:
RECORDS \$15.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

i, _____
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 **20**
For Department of Public Safety Use Only

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

