



APPLICATION

DON DIEGO DE VARGAS / LA REINA DE LA FIESTA

DEADLINE: 5 PM, Thursday, March 5, 2026

The following items constitute a completed application.

Candidates with incomplete application packets will not be eligible to participate in contest selection.

1.	Application	<input type="checkbox"/>
2.	Resume	<input type="checkbox"/>
3.	State of New Mexico Background Check (Certified background check - New Mexico Department of Public Safety, 4491 Cerrillos Road SF, NM – 505 / 827 9233)	<input type="checkbox"/>
4.	Fingerprint Card (New Mexico Department of Public Safety – (505 / 827 9233)	<input type="checkbox"/>
5.	Photo (recent color image)	<input type="checkbox"/>
6.	Photo Copy of Driver's License or Passport	<input type="checkbox"/>
7.	Three (3) Letters of Recommendation from non-family members	<input type="checkbox"/>
8.	Brief description of your Spanish surname	<input type="checkbox"/>
9.	Copy of your family Coat of Arms	<input type="checkbox"/>
10.	Sponsorship fee \$500.00; Payable: Santa Fe Fiesta Inc. (NON-REFUNDABLE)	<input type="checkbox"/>
11.	DE VARGAS APPLICANTS ONLY: A list of sixteen (16) Cuadrilla (Staff) Members is recommended. Prospective members must be 21 years of age or older. *Sixteen (16) Cuadrilla (Staff) will participate in the 314th Fiesta de Santa Fe.	<input type="checkbox"/>

Application must be submitted to:

Committee	Chair	Contact Information
De Vargas and Staff	TBD	Phone: 505-930-0147 Email: santafefiestapr@gmail.com
Queen and Court	TBD	Phone: Email:

***Candidates selected to portray these coveted roles will be required to serve a one-year term for the 314th Fiesta de Santa Fe ending May 2027.**



APPLICATION

DON DIEGO DE VARGAS / LA REINA DE LA FIESTA

I am applying for (Please check one):

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☐

Don Diego de Vargas Contestant (ages 21 to 55)

La Reina de La Fiesta Contestant (ages 21 to 55)

First Name	Middle Name	Father's Last Name	Mother's Maiden Name
Address	City	State	Zip
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	
DATE OF BIRTH:	MONTH	DAY	YEAR
PLACE OF BIRTH:			
MOTHER'S NAME:	FIRST	MIDDLE	MAIDEN NAME
FATHER'S NAME:	FIRST	MIDDLE	LAST NAME
SPONSOR / PHONE:			
EMPLOYER:			WORK PH. #:
EMPLOYER'S ADDRESS:			

EMERGENCY CONTACT INFORMATION

NAME:	FIRST	MIDDLE	LAST	
RELATIONSHIP:				
PHONE NUMBER:	CELL	WORK	HOME	
ADDRESS	HOME	CITY	STATE	ZIP

The deadline for completed applications is at 5 PM on Thursday, March 5, 2026

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



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DON DIEGO DE VARGAS / LA REINA DE LA FIESTA

As a candidate I understand that it is my responsibility to conduct myself at all times during my tenure in a dignified and respectable manner, and that if the Santa Fe Fiesta Council, Inc. determines that my public conduct in any way, including intoxication, language, behavior or any other component in any way compromises the reputation of myself, the Santa Fe Fiesta, Inc., I understand that I may be removed from my role

I> _____, certify that the above information is true and correct, and that any misinformation may cause the Santa Fe Fiesta, Inc. to remove me from my appointed role, and disallow any participation in the Contest Selection or 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 _____ 2026

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:

Self; Eloisa Gonzales, President of Santa Fe Fiesta, Inc.

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

ADDRESS: PO Box 4516 Santa Fe, NM 87502

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 IN 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: _____

SIGNED AND SWORN TO BEFORE ME ON THIS _____ **Day of** _____ **20**_____.

State of _____ **county of** _____

(SEAL) _____
(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.

For Department of Public Safety Use Only