

**Wisconsin Hereford Association  
Sweetheart Application**

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

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

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

Telephone: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Age as of 1/1/2024: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

As your formal application for the position of Wisconsin Hereford Association Sweetheart, please thoroughly review the attached 'Rules and Standards' with a parent or guardian and then sign the Conduct Agreement.