



# ICFWA Reign 44 Application

*New Beginning, Renewed Hope  
and Endless Possibilities*

Their Majesties Use Only:

## Applicant Information (please print)

Given Name:			Your Pronouns: _____ _____ _____ examples: (he/him) (she/her) (they/them) (he/pup) (pup/him) (she/him) ; however, you can list any pronouns that you are comfortable with.
Stage Name:			
Current Address:			
City:	State:	Zip Code:	
Date of Birth:	Month	Day	
Partner or Spouse:			
COM and/or Lifetime Titles:			
Other organizations/courts you are a member of:			
How do you identify? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____			
Shirt Size: S M L XL 2X 3X (Circle size)			

## Contact Information

Home Phone:	
Cell Phone:	Do you receive text?
Email 1:	
Email 2:	
Facebook:	
What is the best way to contact you from above?	
May we print the above information in the Membership Roster? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I would like to be added to the: <input type="checkbox"/> fwaic google group <input type="checkbox"/> treehouse group <input type="checkbox"/> txchat	

## Participation Level for Reign 44

Please check the box that will realistically apply to you. I would like to be a member of the court and

<input type="checkbox"/> attend meetings only	<input type="checkbox"/> 35%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
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**% will be adjusted for number of events possible for a particular month**

What Line do you plan to participate on? ☐ Male Line ☐ Female Line ☐ Non-Binary Line

Would you accept a place on the Line of Succession? ☐ Yes ☐ No

If YES ~ Why should you be on the Line of Succession?

Are there any line positions you would not accept?

## Other

<input type="checkbox"/> (initials) I give my permission to use my <input type="checkbox"/> given name and/or <input type="checkbox"/> stage name, photos, videos or any media for the use on ICFWA website, facebook or any other ICFWA internet site or publication
<input type="checkbox"/> (initials) I understand to be an ICFWA Court Member to Reign 44, I will promote the goodwill of the Court and exercise truth, discipline and integrity with all persons at all times.
<input type="checkbox"/> (initials) I understand I must attend a court meeting to become a member and will have voting privileges at the next meeting. (per the bylaws of the ICFWA)

## Acknowledgement

Applicant acknowledges that they are not a registered sex offender in any state, or currently under investigation for a sex offense. Applicant also acknowledges that they have not been convicted of a misdemeanor and or felony involving matters related to fiduciary responsibilities in a for profit or non profit organization in the last 7 years.

Signature of applicant:	Date:
<b>ALL TITLES FOR REIGN 44 ARE AT THE DISCRETION OF THEIR MAJESTIES</b>	

# ICFWA Reign 44 Application (CONT.)

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## OTHER (CONT.)

What days do you prefer to do shows? {Please check all that apply}

\_\_\_\_\_Thursday \_\_\_\_\_Friday \_\_\_\_\_Saturday \_\_\_\_\_Sunday

I am interested in: (circle all that apply and/or fill in other)

**Care Team:** Planning Shopping Deliveries Set up/Clean up Participate Other:

**Production Numbers:** Planning Music Choreography Other:

**Shows:** Host Entertain Spotlight Count Money Decorate Other:

**Sponsorship:** Corporate Small Business Individuals Other:

**Press Releases/Advertisements:** Posters Media Other:

**Coronation Committee:** Ad Sales Booklet Layout Decorations Set Design Vendors Helper

Other:

Other:

I would be interested in being a Chair for one of the committees above: (state committee/committees)

Anything you would like for us to know about you & your talents

Signature of applicant:

Date: