



Santa Clara County Leather

Contestant Application Form

Name: _____

Legal Name : _____

Address : _____

Phone : _____ Email: _____

Hobbies : _____

Community Activities : _____

Clubs/Organizations: _____

How long in Leather? _____

First memory of Leather: _____

Any Body Modifications (Tattoos, Piercings, Brandings, etc.) you would like to tell us about?
How many? Where? _____

Favorite Fetish (to participate in or watch): _____

Are you in a relationship? What kind? _____

Why do you want to be Mr. or Ms Santa Clara County Leather? _____

Do you have any special needs we should know about (mobility problems, etc.)? _____

I hereby certify that I am over 21 years of age and agree to abide by the **Judging Criteria, Rules and Requirements** for the Santa Clara County Leather contest. Should I win or assume the duties of the title ("Mr. Santa Clara County Leather" or "Ms Santa Clara County Leather"), I agree to abide by the above **SCCL Guidelines** during the duration of my title year.

I also give my permission for use and release of my name and image in association with the Santa Clara County Leather contest and title.

Your signature : _____ Date: _____

Print your name: _____

Witnessed by: _____ Date: _____

Witnessed by: _____ Date: _____

CONTESTANT APPLICATION