

Contestant Number \_\_\_\_\_

# **Taylor County Fair Baby Pageant**

## *Entry Form*

Please Print Legibly

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Favorite Food: \_\_\_\_\_ Favorite Toy: \_\_\_\_\_

**Category:** \_\_\_\_\_ Girl \_\_\_\_\_ Boy

**Age (as of today):** \_\_\_\_\_ 0-6 months \_\_\_\_\_ 7-11 months

I have read and understand the rules stated and give Taylor County Fair my permission to use photos of my child or myself from the pageant for publication purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL FORM AND FEE TO: TIFFANY BROWNING, 638 NOE ROAD, CAMPBELLSVILLE, KY 42718**

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**FOR OFFICE USE ONLY:**

Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_ Amount: \_\_\_\_\_