

Contestant Number: _____

Miss Taylor County Fair Pageant

Entry Form- Please Print Legibly

Name: _____

Age: _____ Birthdate: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone Number: _____ Email Address: _____

Parents: _____

School Attending: _____

Leadership Roles: _____

Talents/Hobbies/ Interest: _____

Community Activities: _____

Volunteer Work – where and why: _____

Future Plans: _____

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

Parent/Guardian Signature: _____ Date: _____

(If contestant is under the age of 18)

Contestants Signature: _____ Date: _____

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

FOR OFFICE USE ONLY:

Check Number: _____ Cash: _____ Amount: _____