

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

## **Miss Taylor County 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: \_\_\_\_\_

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: \_\_\_\_\_