

Contestant Number: _____

MRS. TAYLOR COUNTY FAIR PAGEANT

Entry Form – Please Print Legibly

Name: _____

Age: _____ Birthday: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Married To: _____ Ages of Children _____

Talent/Hobbies/Interest: _____

Biggest joy: _____

Community Activities/Involvement: _____

Accomplishments: _____

Volunteer Work – Where and Why: _____

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

Signature of Contestant

Date

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

FOR OFFICE USE ONLY

Check Number _____ Cash _____ Amount \$ _____