

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

## **Miss Pre-Teen Taylor County Fair Pageant**

*Entry Form- Please Print Legibly*

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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

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

School Attending: \_\_\_\_\_

Hobbies/ Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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

**FOR OFFICE USE ONLY:**

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