

Contestant Number _____

Toddler Taylor County Fair 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): _____ 1 year old _____ 2 years old _____ 3 years old _____ 4 years old

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, CAMPBELLSVILLE, KY 42718

FOR OFFICE USE ONLY:

Check Number: _____ Cash: _____ Amount: _____

