

Miss Clinton County Fair Queen Pageant

CONT. #

CONTESTANT'S NAME

HOMETOWN

HEIGHT

HAIR COLOR

HIGH SCHOOL & GRADUATION DATE

COLLEGE & CAREER PLANS

EMPLOYMENT

HOBBIES & INTERESTS

ACTIVITIES

COMMUNITY SERVICE

SPECIAL HONORS

I hereby acknowledge that I have read the official rules and regulations and I will comply with them in every way. I also acknowledge that the personal data provided is true and correct.

Printed Name _____ Date of Birth _____

Signed: _____ Date _____

Email Address: _____

Phone # _____ Text: yes / no (circle one)

Signed _____ (Parent or guardian if less than 18 years of age)

This application must be returned no later than May 26, 2017

Clinton County Fair Pageant

1041 Fairfax Street

Carlyle IL 62231