

# Crawford County Fair Youth Pageant Entry Form

Contestant Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age Division: Petite Miss 7-8yrs    Young Miss 9-10yrs    Pre-Teen 11-13yrs    Teen 14-16yrs

Date of Birth: \_\_\_\_\_ Age on day of pageant (7-13-24): \_\_\_\_\_

Height: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: MO                      Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Texting OK?: (circle one)    YES    NO    Other #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

School: \_\_\_\_\_                      New Grade Level: \_\_\_\_\_

**The Following information will be read on stage during the pageant.**

Awards/Honors: \_\_\_\_\_

\_\_\_\_\_

List 3 words your Friends/Family would use to describe you:

- 1.
- 2.
- 3.

What do you want to be when you grow up/Future Plans?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may use the BACK of this sheet to continue writing if you need more room)

Something interesting about you:

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Hobbies /What do you like to do?:

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Favorite Toy: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Favorite TV show: \_\_\_\_\_

Favorite Book: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite Part of the Fair: \_\_\_\_\_

Siblings: \_\_\_\_\_

Pets: \_\_\_\_\_

**PAGEANT CONTRACT MUST BE SIGNED BELOW IN ORDER TO PARTICIPATE:**

I have read and fully understand all of the rules/guidelines set forth in the Contestant Qualifications list and hereby agree to abide by them. I acknowledge that if any rules are broken, it is grounds for immediate disqualification or having a title stripped. I also understand that the Crawford County Fair, Inc., Crawford County Fair Board, & Pageant Director is NOT responsible for any losses/damages that may occur at any time.

Contestant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_