

NO: \_\_\_\_\_

PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_ / CASH    DATE: \_\_\_\_\_    BY: \_\_\_\_\_ B.C. \_\_\_\_\_

### MISS PRE-TEEN

Please print or type clearly and return as soon as possible.

NAME: \_\_\_\_\_

BIRTHDAY: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Additional #: \_\_\_\_\_

Name/Phone # of Sponsor \_\_\_\_\_

Email address \_\_\_\_\_

School attending: \_\_\_\_\_ grade: \_\_\_\_\_

School activities/Clubs/Awards \_\_\_\_\_

Community Activities: (church groups, etc) \_\_\_\_\_

Future Plans (college/career) \_\_\_\_\_

Hobbies/Talents: \_\_\_\_\_

I certify that the above information is correct and I meet all the qualifications and understand the rules of the Miss Pre-Teen Hardin County Fair Pageant!

Must have a copy of your birth certificate for age verification due to this pageant advancing on to the state level.

Contestant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_