

Payment/Date: Cash or Check

Contestant #: _____

MISS PRE-TEEN HARDIN COUNTY FAIR REGISTRATION FORM

(Please Print)

CONTESTANT & CONTACT INFORMATION			
Contestant's First Name:	Middle:	Last Name:	
Street address:	Date of Birth.:	Home Phone:	
	/ /	()	
P.O. box: <i>If Applicable</i>	City:	State:	ZIP Code:
Email Address:	Parent Cell Phone:	Contestant Cell Phone	
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Age:	School Attending:
Parent's Name:	

SCHOOL & EXTRACURRICULAR ACTIVITIES
School Activities/Clubs:
Community Involvement:
Hobbies, Talents & Awards:
Future Plans (college, career, etc.)

SPONSORS NAME:	
By signing this registration form, you have read & agree to comply with the Miss HC Pageant Rules & Regulations and grant the Hardin County Fair and Horse Shows permission to use your photo for promotional purposes only.	
Contestant Signature: _____	Date: _____
Parent Signature: _____	Date: _____