## Miss 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: *If Applicable* | City: | State: | ZIP Code: |
|  |  |  |  |
| Email Address: | Parent Cell Phone: | Contestant Cell Phone |
|  | ( ) | ( ) |
|  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |