

Miss & JR Miss Callaway County Fair Queen Applicant Entry Form

NAME: _____

ADDRESS: _____

PHONE: (HOME) _____ (CELL) _____

BIRTHDATE & AGE (AS OF SEPT.1, 2009) _____

SCHOOL & LAST GRADE ATTENDED (Degree & Major- if in college)

I WILL BE ENTERING THE (check one) _____ SPEECH _____ TALENT portion of
the contest

INTERESTS & HOBBIES: _____

AWARDS & ACCOMPLISHMENTS: _____

IN MY LEISURE TIME I LIKE TO: _____

I hereby acknowledge that I have read the rules and regulations of the Callaway County Fair Queen contest, that I will comply with them, and that the personal data as herein set forth is correct. I understand that if I am chosen a Callaway County Fair Queen, I will have an obligation to the Callaway County Fair to help promote the fair.

CONTESTANTS SIGNATURE _____

Parent or Guardian Signature (If contestant is under 18)

Complete this form and return with entry fee to: CCF Queen Pageant Director: 5409 Ronald Lane, New Bloomfield, MO 65063 For further information contact Wendy Akers (575)676-5908 wakers@ktis.net