

Contestant # _____

**MISS ADAIR COUNTY FAIR BEAUTY PAGEANT
CONTESTANT ENTRY FORM
(Please Type)**

Name: _____

Height: _____

Weight: _____ Birthday: _____ AGE: _____

Ambitions: _____

Community Activities/Involvement: _____

Career Goals: _____

Favorite Movies: _____

Funniest Thing That Happened to me: _____

Biggest Joy: _____

Hobbies: _____

School Attended: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Parents/Guardians

Name: _____

I certify that the above information is correct and I meet all the qualification and understand the rules of the Miss Adair County Jaycees Fair Beauty Pageant.

DATE

SIGNATURE

Name of person that will be accompanying you in the dressing room:

Name: _____

Address: _____

Phone Number: _____

