

Miss **C**leburne **C**ounty
Beauty Pageant
2019



Ages 10 to 23
T-Shirt Size _____

Contestant Name: _____
Phone: _____

Address: _____ City: _____
Zip: _____

Birthdate: _____ Age: _____
Email: _____

Eye Color: _____ Hair Color: _____ Favorite Color: _____

Daughter
of: _____

School applicable): _____ Name _____ Grade _____ (if

Club
Memberships: _____

Community
Activities: _____

Honors
Awards: _____ and

Special
Hobbies: _____ Interest _____ and

Future
Plans: _____

BY SIGNATURE BELOW, CONTESTANT/PARENT/GUARDIAN CERTIFIES THEY HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF THIS CONTEST AND FURTHER ASSUME ALL LIABILITY AND RESPONSIBILITY FOR ANY LOSS, ACCIDENT OR INJURY RESULTING FROM PARTICIPATION IN THIS EVENT. COMPETITION INFORMATION AND PHOTOS MAY BE USED FOR PUBLICITY PURPOSES.

Contestant Signature: _____

Parent/Guardian Signature: _____