

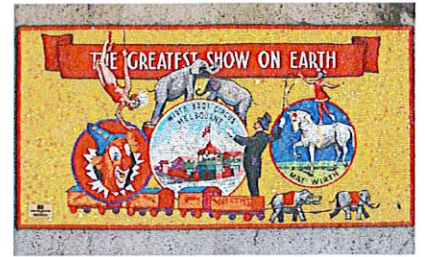
Miss Cleburne County

Beauty Pageant

2019

Ages 12 Months to 9

Y-Shirt size ____



Contestant Name: _____
Phone: _____

Address: _____ City: _____
Zip: _____

Birthdate: _____ Age: _____
Email: _____

Daughter/Son of: _____ Siblings: _____

School Name _____ (if applicable): _____ Grade _____

Favorite Food: _____ Color: _____ Favorite Food: _____
Color _____ of _____ eyes: _____ Hair Color _____

Do you have a pet and what is its name? _____

Community Activities: _____

Honors and Awards: _____

Club Membership _____

Special Interest and Hobbies: _____

What do you want to be when you grow up?: _____

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: _____