Miss Nelson County Fair Pageant

SATURDAY AUGUST 15, 2020 7:00 PM EST

Open pageant (ages 16-21) Entry Fee \$60.00 (nonrefundable)

Due to multiple pageants being held on the same day, please do not arrive no sooner than one (1) hour before the start of your pageant.

<u>Rules</u>

- 1) Contestant must have reached their 16th birthday and cannot have reached their 22nd birthday by October 31st of the current year. The winning contestant must show proof of age at the state Miss Kentucky County Fair Pageant in January.
- 2) Contestant must be single, never married and never have had children.
- 3) Contestant must be a permanent resident of state of Kentucky.
- 4) Contestant will be judged from the standpoint of personality, poise, and appearance.
- 5) Contestant will appear in evening gown.
- 6) Judges decisions are final.
- 7) Previous winners are not eligible to compete.
- 8) The winning contestant will be expected to retain her title until the following year. Marriage or motherhood constitutes loss of title.
- 9) Failure to comply with the fair board or pageant committee and their rules and regulations may result in dismissal from the pageant.
- 10) The winning contestant is expected to compete in the Miss Kentucky County Fair pageant to be held in January.
- 11) Suitable prizes will be awarded to the winners.
- 12) All rules are in compliance with the Kentucky Association of Fairs and Horse Shows.
- 13) One female parent/chaperone allowed in dressing area. No cell phones allowed.
- 14) Rules are subject to change without notice.
- 15) Contestant must not be affiliated with any other pageant system or organization.

Open pageants are open to any Kentucky resident. Our pageants are ran according to the State KAFHS rules and regulations. Visit <u>https://www.kafs.net/p/other</u> for details.

For more information, contact Jill Downey at (502) 507-2028.

No	:	

Paid: 🗆 Cash 🗆 M.O. 🛛 CC Date:	B	/:	Birth Cert:
M	iss Nelson Cou		
	Please print or type clear	IΥ	
FULL NAME:			
BIRTHDAY:			_AGE:
PARENTS' NAMES:			
ADDRESS:			
CITY:	ZIP:	CELL:	
SCHOOL ATTENDING:			GRADE:
SCHOOL ACTIVITES/CLUBS/AWARDS:			
COMMUNITY ACTIVITES (CHURCH GROUP	PS, ETC):		
FUTURE PLANS (COLLEGE, CAREER):			
WHAT WORD BEST DESCRIBES YOU AND	WHY:		
HOBBIES/TALENTS:			
Your hometown local newspaper(s):			
Email Contact for your local newspaper(s			
I certify that the above information is cor			
of Miss Nelson County Fair and the rules		<u> </u>	<u></u>
CONTESTANT's SIGNATURE:			_DATE:

PARENT'S SIGNATURE:_______DATE:______DATE:_____

PLEASE READ CAREFULLY

I hereby release the Nelson County Fair Board and any associated companies, persons, or organizations of any liability. I authorize the Nelson County Fair Board to use photos, names, etc., for the publicity and news reporting purposes, taped interviews and on the spot broadcasts as the Fair Board sees fit.

I understand that if my child is chosen as Miss Nelson County Fair, I will help my child represent Nelson County to the best of our ability. Winners are required to attend the state competition in Louisville in January. If for any reason that the winner cannot attend the state competition, the first runner up will take her place.

I am allowing my child to enter this pageant with the full understanding of the rules and regulations and accept the fact that the <u>judges' decision is final and uncontestable</u>. I certify that all the information given is correct, good sportsmanship is a must by the contestants and their guests and family members. I understand that my child will be disqualified if poor sportsmanship is displayed.

I have read and understand that by signing below, I am giving permission for my child to enter this pageant.

DATE:_____

CONTESTANT'S SIGNATURE: _____

(IF UNDER 18)
PARENT OR GUARDIAN'S SIGNATURE: ______

ENTRY FEE: \$60.00 MUST accompany this form.

Cash Money order (made payable to the Nelson County Fair Board) or

Debit/credit card. If payment by debit/credit card, a \$3 processing fee will be added on all card transactions. *Please complete the attached form, write clearly and try to stay within the lines.*

RETURN THIS APPLICATION ALONG WITH YOUR ENTRY FEE to:

JILL DOWNEY 102 COVENTRY LANE BARDSTOWN, KY 40004

EMAIL ADDRESS JILL.DOWNEY@BARDSTOWN.KYSCHOOLS.US OR JTERRELL292003@YAHOO.COM

THE CONTESTANT WILL BE CALLED TO CONFIRM THAT PAPERWORK IS RECEIVED

CREDIT CARD PAYMENT FORM		
Please print or type clearly		
* Denotes Required Fields		
Applicant Name:		
*Name (as it appears on credit card)		
Company Name (if applicable)		
*Billing Address:		
Billing Address 2		
*City		
*State		
*Zip Code		
*Credit Card #:		
*Expiration Date (MM/YY):	*CVC#:	
Total Amt Billed to Credit Card:	<mark>\$ 63.00</mark>	
*Card Holder Signature		
No Charge Backs or Refunds		
All Sales Final		