

Miss Teen Nelson County Fair Pageant

Saturday August 15, 2020 4:00 pm EST

Open pageant (ages 13-15)

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.***

Rules:

- 1) Contestant must have reached their 13th birthday and cannot have reached their 16th birthday by October 31st. The winning contestant must show proof of age at the state Miss Teen Pageant.
- 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 AGE APPROPRIATE formal dress.
- 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 Teen Kentucky County Fair pageant to be held in October.
- 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.

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

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

No: _____

Paid: Cash M.O. CC/DC Date: _____ By: _____ Birth Cert: _____

Miss Teen Nelson County

Please print or type clearly

FULL NAME: _____

BIRTHDAY: _____ AGE: _____

PARENT(S) NAME: _____

ADDRESS: _____

CELL(S): _____

SCHOOL ATTENDING: _____ GRADE: _____

SCHOOL ACTIVITES/CLUBS/AWARDS: _____

COMMUNITY ACTIVITES (CHURCH GROUPS, 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 correct and I meet all the qualifications and understand the roles of Miss Teen Nelson County Fair and the rules of the KAFHS.

CONTESTANT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ 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 PUBLICITY AND NEWS REPORTING PURPOSES, TAPED INTERVIEWS AND ON THE SPOT BROADCASTS AS THE FAIR BOARD SEES FIT.

I DO UNDERSTAND THAT IF MY CHILD IS CHOSEN AS MISS TEEN NELSON COUNTY FAIR THAT 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 OCTOBER. 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 JUDGES DECISION IS FINAL AND UNCONTESTABLE. 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.

NO REFUNDS.

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:

\$ 63.00

*Card Holder Signature

No Charge Backs or Refunds

All Sales Final