

MISS NELSON COUNTY FAIR PAGEANT

MONDAY JULY 18, 2022 8:00 PM EST

OPEN PAGEANT (Ages 16-21)
Entry Fee \$60.00 (non refundable)

Rules

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 permanent resident of the state of Kentucky.
4. Contestant must be born a natural female.
5. Contestant will be judged from the standpoint of personality, poise, and appearance.
6. Judges decision 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 fairboard or pageant committee and their rules and regulations may result in dismissal from the pageant.
10. The winning contestant must attend the opening day ceremonies at the Kentucky State Fair to accompany the Little Miss/ Mister in August, she will also be 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.**
14. Rules are subject to change without notice.

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

Paid: Cash____
M.O.____
C.C.____

Contestant number _____

Miss Nelson County Fair Pageant
Please print or type clearly

FULL NAME: _____

NAME YOU GO BY: _____ BIRTHDAY: _____ AGE: _____

PARENTS' NAMES: _____

ADDRESS: _____

CITY: _____ ZIP: _____ CELL: _____

SCHOOL ATTENDING: _____ GRADE: _____

SCHOOL ACTIVITIES (CLUBS/AWARDS): _____

COMMUNITY ACTIVITIES (CHURCH GROUPS, ETC): _____

FUTURE PLANS (COLLEGE,CAREER): _____

WHAT WORD BEST DESCRIBES YOU AND WHY: _____

HOBBIES/TALENTS: _____

Contestant's Signature: _____

Parent's Signature: _____

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, 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. If for any reason the winner cannot attend the state competition or the opening ceremony of the Kentucky State Fair then 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 judge's 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.

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 Nelson County Fair Board or debit/credit card, if payment by debit/card a \$3.00 processing fee will be added on all card transactions. Please complete the attached form, write clearly and try to stay within the lines.

Contact: Jill Downey 502-507-2028, jill.downey@bardstown.kyschools.us
102 Coventry Lane Bardstown, Ky 40004

The Contestant will be called to confirm that the 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**

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***Credit Card #:**

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***Expiration Date (MM/YY):**

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***CVC#:**

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Total Amt Billed to Credit Card:

\$ 63.00

***Card Holder Signature**

No Charge Backs or Refunds

All Sales Final