

**MS  
MRS  
MODERN MISS  
NELSON COUNTY FAIR 2022**

Monday Jul 18, 2022 5:30PM  
OPEN PAGEANT  
Entry Fee:\$60.00 (non-refundable)

MS Contestant must be 21 years of age or older, single/divorced.

MRS. Contestant must be 21 years of age or older and married.

MODERN MISS Contestants is for size 14 women and older.

**You must select one of the above for your entry.**

MS/MRS/MODERN MISS Contestants will be judged in the following categories, casual wear, formal dress (long dress) and onstage question.

The Pageant committee reserves the right to dismiss any contestant for poor display of sportsmanship to pageant committee or fellow contestants.

MS/MRS/MODERN Nelson County will be asked to represent the fair in various ways throughout the year, she will also have the opportunity to represent Nelson County in the Kentucky Festivals State Pageant in November.

By Signing below, I affirm that I have read and understand all rules of this pageant and agree to these terms.

Contestant Signature: \_\_\_\_\_

Paid: Cash\_\_\_\_  
M.O.\_\_\_\_  
C.C.\_\_\_\_

Contestant number \_\_\_\_\_

**MS/MRS/MODERN MISS NELSON COUNTY FAIR PAGEANT**

Please print or type clearly

FULL NAME: \_\_\_\_\_

NAME YOU GO BY: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL: \_\_\_\_\_

SPOUSE NAME (IF APPLICABLE): \_\_\_\_\_

CHILDREN, CHILD'S NAME (IF APPLICABLE): \_\_\_\_\_

CAREER: \_\_\_\_\_

SCHOOL ATTENDED(IF APPLICABLE)  
\_\_\_\_\_

HOBBIES/TALENTS/INTEREST: \_\_\_\_\_  
\_\_\_\_\_

**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.

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.

CONTACTS: Mallory Terrell 502-507-5823 102 Coventry Lane Bardstown, KY 40004  
[malloryterrell02@gmail.com](mailto:malloryterrell02@gmail.com)

Emily Wright 502-275-6203 9846 HighGrove Road Bloomfield, KY 40008  
[emilywright82@yahoo.com](mailto:emilywright82@yahoo.com)

## 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**

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**No Charge Backs or Refunds**

**All Sales Final**