MISS NELSON COUNTY FAIR PAGEANT MONDAY JULY 17, 2023 8:00 PM

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 a permanent resident of the state of Kentucky.
- 4. Contestant must be born a natural female.
- 5. Contestants 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.
- 15. The winning contestant must come to the fairgrounds/ or another location in Bardstown and do a practice mock interview before the state pageant in January.

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	S:			
4				
COMMUNITY ACTIVITIES (CHURCH G	ROUPS, ETC):			
FUTURE PLANS (COLLEGE, CAREER)	·			
WHAT WORD BEST DESCRIBES YOU	AND WHY:			
HOBBIES/TALENTS:				
Contactant'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 will take her place.

I am allowing my child to enter this pageant will 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 Nelson County Fair Board or debit/credit card, if payment by debit/credit card a \$3.00 processing fee will be added on all card transactions, NO CHECKS WILL BE ACCEPTED. If paying by credit card/debit card 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

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
* Phone number:	
* Email address: _	
*Credit Card #:	
*Expiration Date (MM/YY):	*CVC#:
Total Amt Billed to Credit Ca	rd: \$ 63.00 (includes \$3 processing fee)
*Card Holder Signature	

No Charge Backs or Refunds All Sales Final