

## MISS TEEN NELSON COUNTY FAIR PAGEANT

TUESDAY JULY 18, 2023 7:30 PM EST

OPEN PAGEANT (Ages 13-15)  
Entry Fee \$60.00 (non refundable)

### **Rules**

1. Contestant must have reached their 13th birthday and cannot have reached their 16th birthday by October 31st of the current year. The winning contestant must show proof of age at the state Miss Teen Kentucky County Fair Pageant in October.
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 is expected to compete in the Miss Teen Kentucky County Fair pageant to be held in October. Suitable prizes will be awarded to the winners.
11. All rules are in compliance with the Kentucky Association of Fairs and Horse Shows.
- 12. One female parent/chaperone allowed in dressing area.**
13. Rules are subject to change without notice.
14. The winning contestant must come to the Fairgrounds or via a Facetime appointment to practice with a mock interview before the state pageant in October.

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

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

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

**Miss Teen 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 Teen 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 then the first runner 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.

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](mailto: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):

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\* CVC#:

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Total Amt Billed to Credit Card:

\$

**63.00**

*(includes \$3 processing fee)*

\* Card Holder Signature \_\_\_\_\_

**No Charge Backs or Refunds**

**All Sales Final**