

SONG: \_\_\_\_\_ ACT/TRACK \_\_\_\_\_  
# \_\_\_\_\_

CONTESTANT

**SPECIAL NEEDS PAGEANT  
REGISTRATION /BIO/PERMISSION FORM  
"AUGUSTFEST" PAGEANT**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

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

DAYTIME PHONE: \_\_\_\_\_ OTHER  
PHONE: \_\_\_\_\_

PARENTS OR  
GUARDIAN: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
PHONE: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE  
COLOR: \_\_\_\_\_

FAVORITE COLOR: \_\_\_\_\_ FAVORITE  
ANIMAL: \_\_\_\_\_

HOBBIES: \_\_\_\_\_  
\_\_\_\_\_

IS THERE ANYTHING YOU WANT TO SAY ABOUT  
YOURSELF: \_\_\_\_\_  
\_\_\_\_\_

DO YOU WORK OR HAVE A JOB OR CHORES YOU DO? WHAT ARE  
THEY? \_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR MOST FAVORITE THING TO  
DO? \_\_\_\_\_

WHAT IF YOUR MOST FAVORITE THING ABOUT  
"YOURSELF"? \_\_\_\_\_

WHERE IS YOUR MOST FAVORITE PLACE IN THE WHOLE  
WORLD? \_\_\_\_\_

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I give permission for \_\_\_\_\_ (and agree to the rules to participate) in the Oldham County Fair Pageants. I also agree that I or any agents representing me will not hold the Pageant Director/Committee or Oldham County Fairgrounds responsible and/or liable in the event of any loss/theft of articles, any accidents, injuries and/or loss of life while participating in/or with the Oldham County Fair Pageants or on Oldham County Fairgrounds property. I also understand that decision of the judges and the announced out-come of the pageant will be final. I/We agree that any pictures taken of this event can be published in the Oldham County Fairgrounds marketing material, social media, website and publications pertaining to the Oldham County Fairgrounds.

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

**CONTESTANT SIGNATURE**

**DATE**

**MAIL TO:  
SONDRA CAWTHON, PAGEANT DIRECTOR  
P. O. BOX 193  
LAGRANGE, KY. 40031  
PHONE: 502-758-2212**