

SONG: _____ ACT/TRACK _____

CONTESTANT # _____

Form N-2

**SPECIAL NEEDS PAGEANT
REGISTRATION /BIO/PERMISSION FORM
"GLITZ GALA" PAGEANT**

*****NOTE: NONE OF THE CONTESTANTS WILL BE JUDGED ON TALENT. THE TALENT PORTION OF THE PAGEANT IS STRICTLY AND SOLELY VOLUNTARY BY THE CONTESTANT'S.*****

NAME: _____ AGE: _____

ADDRESS: _____

DAYTIME PHONE: _____ OTHER PHONE: _____

PARENTS: _____ GUARDIAN: _____

PHONE: _____ GUARDIAN'S PHONE: _____

CONTESTANT'S BIOGRAPHY

HAIR COLOR: _____ EYE COLOR: _____

FAVORITE COLOR: _____ FAVORITE ANIMAL: _____

HOBBIES: _____

IF YOU WORK, WHAT DO YOU DO, AND IF NOT, WHERE WOULD YOU LIKE TO WORK? _____

IS THERE ANYTHING SPECIAL ABOUT YOU THAT YOU WANT TO TELL US? _____

WHAT IS YOUR FAVORITE SONG? _____

WHO IS YOUR FAVORITE PERSON? _____

WHAT IS YOUR FAVORITE FOOD? _____

WHAT IS YOUR MOST FAVORITE THING TO DO? _____

WHY ARE YOU A GOOD FRIEND? _____

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 SIGNATURE

GUARDIAN'S SIGNATURE

CONTESTANT SIGNATURE

DATE

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