

MISS CLINTON COUNTY FAIR QUEEN CONTEST
OFFICIAL ENTRY FORM

Name_____

Address_____

Phone_____ OR_____

BIRTH DATE_____

SCHOOL ATTENDING_____

COLLEGE ATTENDING_____

OCCUPATION, IF NOT A STUDENT_____

I hereby acknowledge I have read the official rules and that I am complying with them in every way and the personal data herein set forth is correct in every way.

Contestant's Signature_____

PARENTS/GUARDIANS NAME_____

PARENTS/GUARDIANS ADDRESS_____

PARENTS/GUARDIANS SIGNATURE_____

PARENTS/GUARDIANS PHONE NUMBER_____

CLINTON COUNTY FAIR
P.O. Box 1741-80 EXIT 178
Mackeyville, PA 17750

To be completed by the parents or guardians of any contestant who is under the age of 21 on the date of signing of the agreement.

We the undersigned, parents and natural guardians, duly appointed or acting legal guardians of _____, Do consent to agree to all the terms and provisions of this contract and the agreements therein and that we state that the information and statements made in this contract are true to the best of our knowledge, information and belief.

DATE _____

Signature of Parents or Guardians

Signature of Parents or Guardians

MISS CLINTON COUNTY FAIR QUEEN CONTEST

1. My Career Goals:

2. My Scholastic Achievements:

3. Awards or Honors I have received:

4. My Community, Church, School, etc. Activities:

5. My Hobbies/Interests:

6. My Employment Experience (if applicable):

7. Explain why you want to be the next Clinton County Fair Queen: