

2017 IZARD COUNTY FAIR BEAUTY PAGEANT ENTRY FORM  
**Ages 0 to 13 ONLY may use this entry form.**

Please submit entry form to IZARD COUNTY FAIR PAGEANT; P.O. Box 775 Melbourne, AR 72556, or drop off at the IZARD COUNTY FAIR OFFICE by close Monday, August 7, 2017.

**Please contact the following people with any questions:**

**Mami Cooper at (870) 291-3775**

Photogenic: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Only

\*Photogenic category is judged prior to contest.

Name: \_\_\_\_\_ Division: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parents: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Sponsor (optional): \_\_\_\_\_

Hobbies(optional): \_\_\_\_\_

**FEES**

Photogenic: \$10 \_\_\_\_\_

Pageant: \$20 \_\_\_\_\_

Late Fee (If applicable) \$10 \_\_\_\_\_

Total Fee Submitted \_\_\_\_\_

Please read the rules on the previous page for entry rules and schedule of events.

\*Photogenic entries will be judged prior to contest

\*\*No contestant will be allowed to enter an age division he or she has previously won

\*\*\*Pick up all pictures back stage on the night of the pageant

**Release and Waiver by Parent or Guardian**

We will publish winners on our website and may include photographs of individuals and groups with names to identify them. Individuals with Internet access around the world will be able to view this information. If you do **not** want photo published, please sign below. My signature indicates that I do **NOT** grant permission for the name and/or photograph of the above exhibitor to be published on the World Wide Web.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_