

LITTLE MISS OBION COUNTY FAIR (7 - 9)

Contestant's Full Name: _____

Birth Date: _____

Parent's Name: _____

Address: _____ Phone Number: _____

City/State _____

Contestants age as of December 31, 2007: _____

The pageant your child will be in will be determined by the age she is as of December 31, 2007, NOT THE AGE SHE IS AS OF THE FAIR DATE.

ENTRY FEE : \$ 20.00 DEADLINE (NO EXCEPTIONS!) AUGUST 10, 2007

Rehearsal: Sunday, August 12, 2007 2 p.m. You will draw for your numbers at this time.

PLEASE PRINT THE FOLLOWING INFORMATION NEATLY AND RETURN THE ENTIRE FORM!!

Contestant # _____ is _____ . She is

_____ years old and attends _____
(age) (school)

_____ has _____ hair and _____ eyes.
(first name) (hair color) (eye color)

She enjoys _____

_____ is sponsored this evening by _____
(first name) (sponsor or parents)

Applications may be mailed with entry fee or brought to:

**OBION COUNTY FAIR
Attn: Sharon Regen
P.O. Box 126
Union City, TN 38281**

NO ENTRY FEE WILL BE ACCEPTED THE DAY OF REHEARSAL !!