

NO: \_\_\_\_\_

Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**Miss Pre-Teen**

*Please print or type clearly*

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

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

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

SCHOOL ATTENDING: \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ACITIVIES/CLUBS/AWARDS: \_\_\_\_\_

\_\_\_\_\_

COMMUNITY ACTIVITIES (church groups, etc) \_\_\_\_\_

\_\_\_\_\_

FUTURE PLANS (college, career) \_\_\_\_\_

\_\_\_\_\_

HOBBIES/TALENTS: \_\_\_\_\_

\_\_\_\_\_

**I certify that the above information is correct and I meet all the qualifications and understand the roles of Miss Pre-Teen Nelson County Fair and the rules of the KAFHS**

**Must have a copy of your birth certificate for age verification due to this pageant advancing on to the state level.**

CONTESTANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_