Miss Independence County Beauty Pageant 2017



Ages 17-21

"Sharing and Building Dreams, Friendships and Memories"

Please read the attached rules and regulations as many have changed and new regulations will be enforced! Thank You!



Miss Independence County

ALL INFORMATION FOR THIS APPLICATION MUST BE TYPED

**Complete sentences should be used on this application to best benefit the contestant. **

The application that is submitted MUST be this official document. No additions/substitutions please.

Full Name	Age	Date of Birth / /
Home Address		Telephone Number
Parent/Guardian Names		
Educational Information:		
High School		Year Graduated
College		Year Graduated
Contestant Information:		
What College degree /special training do you wish	to seek or desire	e?
List the honors you have achieved in High School	/College	
List two (2) greatest achievements at this point, in		
*		
List three (3) interesting facts about yourself.		
*		
*		
What are some of your hobbies and interests?		
List your club memberships, school activities and o	community invo	lvement.

Why do you wish to become Miss Independence County, what will you do to promote your title, a	
will you maintain the respect of your title?	
What is your ambition for the future and why?	
There is your amendon for the factor and may r	
The information provided above will be used by the judges during your private interview. Pl	
special thought to the information provided. Factual information that may be derived into q	
will strongly benefit the contestant. Statements that reflect your personality will be helpful a	
make the show more fun for yourself, the judges and the audience. All information must be o	
official Entry form. NO OTHER FORMS OR ATTACHMENTS ARE ALLOWED. A comp	olete list
of rules are attached and are available online at www.icfair.com.	
MANDATORY There will be a contestant meeting and rehearsal at 6:00 p.m. July 13. T	'his is a
mandatory meeting.	
**All l'	· - · - ·
**All applicants must be a permanent resident of Independence County. Please see rules con	cerning
legal residents.	
Contactant Signature	
Contestant Signature	

For Questions or Concerns, please call Ms. Pam, 612-4446 or Ms. Debbie at 307-2859

\$25.00 Entry Fee Required Send Application to: Independence County Fair Beauty Pageant Registration P.O. Box 2641 Batesville, AR. 72503

NO REFUNDS WILL BE GIVEN ON ENRTY FEES. \$30 fee on all returned checks will be charged.

DEADLINE: NO application will be accepted after July 11. All applications will be denied and returned with entry fee.

"Sharing and Building Dreams, Friendships and Memories"