Miss Independence County Beauty Pageant 2019



Ages 18-23

"Sharing and Building Dreams, Friendships and Memories"

Please read the attached rules division. Rules have changed and enforced.



🔭 and regulations as this is a new new regulations will be

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. **

This is the official document that must be submitted at registration.

| Full Name | Age | Date of Birth// |
|---|------------------|------------------|
| Home Address | | Telephone Number |
| Parent/Guardian Names | | |
| Educational Information: School Attending | | Current Grade |
| Contestant Information: | | |
| List the honors you have achieved in School | | |
| | | |
| List two (2) greatest achievements at this point, i | in your life. | 4 0 |
| * | | |
| | | |
| List three (3) interesting facts about yourself. | | |
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| * | | |
| | | |
| What are some of your hobbies and interests? | | |
| | | |
| List your club memberships, school activities an | d community invo | lvement. |
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Why do you wish to become Miss Teen Independence County, what will you do to promote your title, and how will you maintain the respect of your title?

| What is your ambition for the future and why? |
|--|
| The information provided above will be used by the judges during your private interview. Please g pecial thought to the information provided. Factual information that may be derived into question will benefit the contestant. Statements that reflect your personality will be helpful and will make the how more fun for you, the judges and the audience. All information must be on this official Entry form. NO OTHER FORMS OR ATTACHMENTS ARE ALLOWED. A complete 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 11. This is nandatory meeting. |
| *All applicants must be a current resident of Independence County. Please see rules concerning egal residents. |
| Contestant Signature |
| If you have any Questions or Concerns, please call Ms. Pam 612-4446 or Ms. Debbie 307-2859 |
| .00 Entry Fee Required |

\$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 ENTRY FEES. A \$30 fee will be charged on all returned checks.

DEADLINE: NO application will be accepted after July 08. All applications will be denied and returned with entry fee.

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