

2025 Livingston Parish Fair Beauty Pageant
PRE-SCHOOL GIRLS
Saturday, October 4, 2025

Girls:	Registration	Competition
0-5 months	1:00-1:30	1:45
6-11 months	1:00-1:30	1:45
12-17 months	1:30-2:00	2:15
18-23 months	1:30-2:00	2:15
2 years	2:00-2:30	2:45
3 years	2:00-2:30	2:45
4 years	2:30-2:45	3:00

Attire:

Sunday Best Dress

AWARDS:

Queen: Crown, Trophy and Monogrammed Banner

1st Thru 3rd Alternates, Fashion and Photogenic: Trophy

All contestants will be judged on: Beauty, Personality and Overall Appearance

Entry Fee:

\$55.00 if paid on or before October 3, 2025. \$65.00 if paid after October 3, 2025, 1:00pm. As Director, if at least 3 contestants have not entered, I reserve the right to combine or cancel a group or groups.

Optional Photogenic: \$10 fee. Please bring an unframed photo (5X7 or 8X10) the day of competition. DO NOT MAIL PHOTO! You can either pay on online @

livingstonparishfair.com, attend Pre-registration or Mail your entry to: LPFA

P. O. Box 655, Livingston, La 70754. Make checks payable to: Livingston Parish Fair Association (LPFA). **NO REFUNDS!!!!**

For additional information:

Text or email: Yolanda Buuck (225)936-9173, ybuuck@yahoo.com

Pageant Policies

Doors will not open until 1:00. Please don't ask to enter before the time stated. Please be on time. Competition times are approximate but definitely will not be earlier than stated. Officials will not wait for latecomers, even if prepaid. **No hair pieces, flippers, or Pro-Am/Dance routine modelling allowed!!! Also, out of respect for all of the contestants, if at anytime a child is not attended and running down the stage, I reserve the right to disqualify that contestant without refund. PLEASE REMEMBER*****Only one person backstage with contestant. *******

All contestants **MUST LIVE IN LIVINGSTON PARISH.** All contestants that win QUEEN are required to ride in the Fair Parade the following year and attend the Pageant to Crown their Successor. The Queen must abide by these rules throughout her reign. **NO EXCEPTIONS!**

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*******Girls: Ages 5-17 years *******

Name: _____ **Age** _____ **Birthdate:** _____
Address: _____ **City:** _____ **Zip:** _____
Phone: _____ **Parents:** _____
Sponsor: _____ **School:** _____
Hair Color: _____ **Eye Color:** _____
Age on October 11, 2025 _____
Interests: _____

(Agrees to all Policies. Parents must sign if under 21.)

Signature: _____