

2026 Casey County Apple Festival Children's Pageants

Sunday, September 20, 2026 at the Casey County High School Gymnasium
The first pageant starts at 2:00PM and will continue on a rolling schedule by age

Contact Pageant Director Misty Hair at mistyhairccaf@gmail.com with any additional questions

Pageant is preregistration ONLY - Registration and contestant number pick up will be held on Saturday, September 19, 2026 from 10AM-12PM ONLY at the Casey County High School Gymnasium.

Registration is \$25 per contestant. Forms of payment: Certified Check, Money Order, or Cashier Check made out to Casey County Apple Festival. Cash will be accepted on September 19, 2026.

You may elect to submit completed entry form via USPS. Include completed entry form and entry fee to:

Casey County Apple Festival
C/O Children's Pageants
PO Box 57
Liberty, KY 42539

This pageant is open to residents of all counties of Kentucky.

Child cannot have reached their 8th birthday by date of the pageant

Age group is determined by child's age on the date of the local pageant.

Age groups:

Girls 0-3 months
Boys 0-3 months
Girls 3-6 months
Boys 3-6 months
Girls 6-9 months
Boys 6-9 months
Girls 9-12 months
Boys 9-12 months
Girls 12-18 months

Boys 12-18 months
Girls 18-24 months
Boys 18-24 months
Tiny Miss 2-3 years
Tiny Mister 2-3 years
Jr Princess 4-5 years
Jr Prince 4-5 years
Princess 6-7 years
Prince 6-7 years

***If your child is 11 months & 29 days, they will be in the 9-12 month range. If they have already turned 12 months, they will be in the 12-18 month range.

Dress Attire: "Sunday's Best" (NO formal pageant attire)

Contestants should be dressed and ready. There are no dressing rooms available for this pageant.

Decisions of the judges are final. No scoresheets will be handed out.

Prizes will be awarded to 1st, 2nd, and 3rd place

Please be aware that there will be an admission fee into the pageant. Pageant contestants admission is included with their entry fee.

Contestant Information

Girl _____ Boy _____ (please check one)

Contestant Name: _____

Age of Child on the Day of Pageant: _____ Birthday: _____
(REMEMBER below for your group: Example: if your child is 3 months & 1 day old, they will be in the 3-6 month category! If they are 2 months & 30 days old, they will be in the 0-3 month category!)

Parents/Guardians Names: _____

Address: _____

Phone: _____

I give my permission, as the parent/guardian of, for _____
to participate in the Casey County Apple Festival Children's Pageants. I also give my
permission to use my child's name or picture for publications such as the newspaper, tabloid,
and festival website.

Child's Name: _____

Parents Signature: _____