

Application for 2019 Sumter County Fair Baby Pageant

Contestant# \_\_\_\_\_ Photogenic: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age: (Months) \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Brothers: \_\_\_\_\_

Sisters \_\_\_\_\_

Sponsors: \_\_\_\_\_

***Facts: This will be read by the M.C. while child is on stage. Please write legible. Must use this form. PRINT OR TYPE NO CHANGES WILL BE ALLOWED AFTER SUBMISSION***

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Parents  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE:

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Photo Received: \_\_\_\_\_ Amount Received \_\_\_\_\_ Received By: \_\_\_\_\_