Application for 2020 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. <u>PRINT OR TYPE</u> NO CHANGES WILL BE ALLOWED AFTER SUBMISSION

Parents
Signature:_____
Date: _____
OFFICE USE:
Date Received:_____Amount Received:_____Received By: _____
Photo Received:_____Amount Received_____Received By:_____