



2010 Entry Form Baby and Toddler Contest 0-12 Months

Arrival 2:30 pm Pageant 3:00 pm

Sunday, August 8th

All contestants get a beautiful crown and a gorgeous rose.

Categories: (Circle One) Boy or Girl

Baby's name _____

Birth Date _____ Parent's Name _____

Address _____

Phone _____ Cell _____ E-Mail _____

Eye Color _____ Hair Color _____ Favorite Toy _____

Hobbies or Interests _____

Favorite Person _____

I have read and understand all pageant rules and information and therefore submit the pageant registration on behalf of the candidate. In addition, I release the Williamson County Fair Board of any liability regarding my child's participation in the pageant.

Parent's Signature _____ Date _____

Please mail application(s) and \$25 entry fee postmarked by Friday, July 30th to:

Williamson County Fair Pageants/Baby Contest
P.O. Box 329
Franklin, TN 37065

For more information contact:

willifairpageant@yahoo.com or call 599-4510 or 394-1135

For office use only:

Date Paid: _____

Check #: _____ Cash: _____

Dept. 800, Section 120, Class 1