



# 2010 Entry Form Baby and Toddler Contest 12-24 Months

Arrival 2:30 pm Pageant 3:00 pm

Sunday, August 8<sup>th</sup>

*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 30<sup>th</sup> to:

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

For more information contact:

[willifairpageant@yahoo.com](mailto:willifairpageant@yahoo.com) or call 599-4510 or 394-1135

For office use only:

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

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Dept. 800, Section 120, Class 2