Baby Show Application
Clinton County Fair

Contestant #_____
Entry Fee Paid:_____

After submitting this application, please make **check / money order payable** to the **Clinton County Fair Board** and mail to the following address:

Clinton County Fair Board
P.O. Box 777
Albany, KY 42602

If payment is not confirmed by the event date, this application will be voided. Payment methods other than check or money order will not be accepted.

Name: _____

Age: _____ DOB: _____/_____/_____

Group Entered: _____ Phone #:_____-_____-_____

Parent's Names:_____

Address: _____City:_____

State: _____ Zip: _____

Hair Color: *(please select only one)*

☐ Black ☐ Blonde ☐ Brown/Brunette ☐ Red

Eye Color:

☐ Brown ☐ Blue ☐ Black ☐ Hazel ☐ Green ☐ Grey

Favorite Pasttime:_____

_____