

# Baby Show Application Clinton County Fair 2010

Contestant # \_\_\_\_\_  
Entry Fee Paid: \_\_\_\_\_

The entry fee for this event is **\$5.00 per contestant**.  
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: \_\_\_\_\_

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