

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: _____
