

Little Miss and Mister Application
"Clinton County Fair

Contestant # _____
Entry Fee Paid: _____

After submitting this application, please make **check or money order** payable to the **Clinton County Fair Board** and mail payment 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 void. Payment methods other than check or money order will not be accepted.

MISS

Name: _____

Age: _____ DOB: ____/____/____ Phone #: _____ - _____ - _____

Address: _____ City: _____

State: _____ Zip: _____

Parent's Names: _____

Hair Color: *(please select only one)*

- Black Blonde Brown/Brunette Red

Eye Color:

- Brown Blue Black Hazel Green Grey

Grade: _____ School: _____

Favorite Activities: _____

MISTER

Name: _____

Age: _____ DOB: ____/____/____ Phone #: _____ - _____ - _____

Address: _____ City: _____

State: _____ Zip: _____

Parent's Names: _____

Hair Color: *(please select only one)*

- Black Blonde Brown/Brunette Red

Eye Color:

- Brown Blue Black Hazel Green Grey

Grade: _____ School: _____

Favorite Activities: _____