Miss Teen 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.

Name: _____

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

Parent's Names:_____

Address: _____ City:_____

State: _____ Zip: _____

School Attending: _____ Grade: _____ Height: _____

Hair Color: *(please select only one)*

☐ Black ☐ Blonde ☐ Brown/Brunette ☐ Red

Eye Color:

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

Hobbies/Interests: _____

_____

_____

Clubs, Sports, etc: _____

_____

_____

Future Plans: _____

_____