

**Miss Teen Application
Clinton County Fair 2030**

Contestant # _____
Entry Fee Paid: _____

The entry fee for this event is **\$20.00 per contestant.**
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: _____
