

Entry Sheet

Name _____

Age _____ Date of Birth _____

Parents/Guardians Name _____

Address _____ City/State _____

Parent primary phone # _____ Accept text Y or N

Contestants phone # _____

Color eyes _____ Color hair _____

School _____

Church _____

Hobbies/Activities/Interests (school,community, sports)

Favorite part of the Fair _____

Three Honors or Achievements _____

Future Plans _____

Miss Neshoba County Fair Pageant Rules:

1. Contestants must be between the ages of 16 and 19 on the day of the pageant and must live in Neshoba County.
2. Contestants must not be married, divorced or had an annulment.
3. Contestants must not have a child, had a miscarriage, abortion or be pregnant.
4. Contestants must not be an alcohol or drug abuser.
5. Contestants must not have posed for nude or provocative pictures.
6. Contestants must be in good physical condition (not have any communicable or debilitating illness).
7. Contestants must be of good moral character.
8. Contestants must not have any prior arrests or been involved in any criminal activity.
9. **ANY contestant participating in Cyber-bullying directly or indirectly with anyone will be disqualified from the pageant. Social media posting should not be inappropriate at any time including language, pictures or behavior.**

I, the undersigned have thoroughly read and understand the rules for the Miss Neshoba County Fair Pageant and swear that I am in compliance with the rules.

Contestant Signature _____

Parent/Guardian Signature _____

Date _____

Special Note: Parents/Contestants

All winner decisions are final and you will not be allowed to come in contact with any of the judges afterwards. This also includes threatening remarks or confrontation by family members.

All rules and policies have been based on decisions approved by the Fair board prior to the competition.

The rules and policies apply to all contestants including the reigning Miss Neshoba County Fair.

I, the undersigned, will comply with the rules.

(Parent signature) _____

(Contestant signature) _____

(To be completed by the parent(s) or Guardian(s) of a Contestant who is not yet 18 years of age on the date of this application)

STATE OF _____

COUNTY OF _____

Affidavit of Parent or Guardian

I, the undersigned parent or guardian of _____, who is the Contestant named in this Application, of full age and being sworn according to law, upon my oath depose and say:

1. I have read and I understand the provisions of this Application and its attachments. To the best of my knowledge, information and belief, all of the factual statements made in this Application by the Contestant are true.
2. On behalf of the Contestant, I agree to the terms and conditions of this Application and its attachments.

I do hereby swear that the statements made in this Affidavit are true.

Please print Parent/Guardian name

Parent/Guardian Signature

State of _____

County of _____

Sworn and subscribed to before me, this the _____ day of _____, 20_____.

NOTARY PUBLIC

(SEAL)

(To be completed if Contestant is 18 or above)

DATE _____

STATE OF _____

COUNTY OF _____

Affidavit of Truthfulness

_____, the Contestant making this Application, of full age and being duly sworn according to law, upon her oath deposes and says:

I do hereby swear that the statements made in Application are true.

Contestant's Signature

State of _____

County of _____

Sworn and subscribed to before me, this the _____ day of _____, 20_____.

NOTARY PUBLIC (SEAL)