



## Contestant Background Information

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Primary Contact Parent \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

### Information for Pageant Walk Biography

Please **LIST** information for 9<sup>th</sup>-12<sup>th</sup> grade or 9<sup>th</sup>-college for contestants that applies too.

**Name exactly as you want it announced:** (Ex. First/Last; First/Middle/Last): \_\_\_\_\_

**Parents names:** (Blended families please list ALL parents you want included)

**Current High School/College Attending:** \_\_\_\_\_

**High School/College Clubs** (Ex. FBLA, Beta, ...) Please list any offices held or awards/honors won on the same line as the club.

**High School/College Activities:** (Ex. sports, band, cheer, dance)

**High School/College Honors:** (Ex. Honor roll, Val, Sal, citizenship)

**Honors outside of school:** (Ex. Leadership Neshoba, DYW)

**Current church attending:** \_\_\_\_\_

**Church Involvement:** (Ex. Praise team, Bible Drill, Leadership team, VBS)

**Other Community Involvement:** (Ex. Love out Loud, Diamond Dreams, God's Closet)

**Do you currently have a part-time job? If yes, what are you doing?**

**Hobbies:** (Ex. Anything else not listed in any of the questions above)

**Favorite Part of the fair:** Give a detailed one or two sentence answer.

**Future Plans:** College you plan to attend/attending; overall career goals are including major and highest level of degree desired



## 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, have a miscarriage, have an 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. If **ANY** health condition is occurring that limits activity, participant must have a note from a doctor clearing them to participate. Participant cannot have any communicable or debilitating illness.
7. Contestants must be able to attend the assigned practices with the final rehearsal being mandatory. We understand there are some reasons for absence and will give contestants a chance to list those dates so that they can be worked around where possible. (Please fill out bottom of page)
8. Contestants must be of good moral character.
9. Contestants must not have any prior arrests or been involved in any criminal activity.
10. **ANY** contestant participating in Cyberbullying directly or indirectly with anyone will be disqualified from the pageant. Social media posting, including language, pictures, or behavior, should not be inappropriate.
11. **Parents and contestants:** All winner decisions are final, and you will not be allowed to come in contact with any of the judges afterward. This also includes threatening remarks or confrontations by family members.
12. All rules and policies have been based on decisions approved by the Fair Board before the competition.

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 \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Practice Availability

### JUNE 2025

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

### JULY 2025

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

List work days/time you get off; any trips or any planned things that will cause you to not be able to travel.

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**Contestants under the age of 18 complete this affidavit**

DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**Affidavit of Parent or Guardian**

I, the undersigned parent or guardian of \_\_\_\_\_ (contestant name) 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 Signature

\_\_\_\_\_  
Seal

**Contestant 18 Years Old Complete this Affidavit**

DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**Affidavit of Truthfulness**

\_\_\_\_\_, (contestant name) the Contestant making this Application, of full age and being duly sworn according to law, upon her oath deposes and says:

1. I have read and I understand the provisions of this Application and its attachments.
2. I do hereby swear that the statements made in Application are true.

\_\_\_\_\_  
Please print contestant name

\_\_\_\_\_  
Contestant Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

**Sworn and subscribed to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
Notary Public Signature

Seal