

Rockbridge Fair Queen Contest Application

Contestant # _____

Contestant's Name: _____ Age on 6/20/09 _____ DOB: _____

Home Address: _____

Home Phone _____ - _____ - _____ Email: _____ Grade in School Sept. '09 _____

School Attended: _____ Parent's Name: _____

Interesting Facts about Contestant: _____

Contestant's Hobbies: _____

Extra Curricular Activities/Civic Groups/Church: _____

Academic Achievements/Special Recognition: _____

MISS CONTESTANTS ONLY: Briefly describe your platform and why it is important to you:

I certify that all information contained on this application is true and accurate to the best of my knowledge and that I have read the rules and agree to abide by them. I release the pageant directors, pageant staff, and the Rockbridge County Fair from any responsibility due to the loss of personal property, illness or accident.

CONTESTANT'S SIGNATURE: _____ **Date:** _____

PARENT OR GUARDIAN SIGNATURE: _____

Entry Fees: All Divisions - \$35.00 _____

Photogenic - \$10.00 _____

Portfolio - \$10.00 _____

Extra Photogenic - \$10.00 _____

Late entry fee on all entries not postmarked by June 8, 2009 - \$15.00 _____

Entries will be accepted at the Virginia Horse Center office or may be mailed:

Miss Rockbridge Regional Fair Pageant, Attn: Kim Heslep, PO Box 117, Brownsburg, VA 24415

* Remember to attach wallet size photo for program book*