

**LITTLE MISS CLARKE COUNTY FAIR
CONTEST
CONTESTANT APPLICATION**

2009 Contestant Number _____ (staff only)

Full Name _____ Age _____

Date of Birth _____

Home Address _____ City _____

State _____ Zip _____ Phone _____

Parents Name _____

GENERAL INFORMATION

What is your favorite game _____

What is your favorite color _____

How many brothers or sisters do you have _____

What do you want to be when you grow up _____

What is your favorite part of the fair _____

I certify that the foregoing information is true and correct to the best of my knowledge and for any reason this information is not accurate, my daughter will forfeit any Title or Gifts she may receive. I also, understand the rules and duties.

Parent Signature _____ Date _____

If registering by mail must be post marked by July 31 or call.

Mail to: Kim Cochran
1464 Crums Church Road
Berryville, VA 22611
540-955-4841