

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

2010 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