

SHELBY COUNTY FAIR BABY SHOW

Sponsored by Shelby County A&M Association
Saturday, June 19, 2021 at 12:00PM
Pre-Registration: \$10 (Due by June 13)
Door Registration: \$15 (By 11AM on Day of Pageant)

GIRL'S DIVISIONS		BOY'S DIVISIONS	
0-6 MONTHS		0-6 MONTHS	
6-12 MONTHS		6-12 MONTHS	
12-18 MONTHS		12-18 MONTHS	
18-24 MONTHS		18-24 MONTHS	

Rules for Eligibility:

1. Contestant must NOT be 1 day older than age limit for each division
2. Contestant must be a **resident of SHELBY COUNTY.**
3. Contestants will appear in casual wear outfits only. Sundresses, shorts, outfits, rompers are all acceptable. (Please no swim, formals, tux, pageant attire).
4. Contestants will be judged on personality, and overall visual impression (outfit, uniqueness, interaction, etc).
5. Pre-registration is encouraged. A discounted fee of \$10 (**cash or money order payable to Shelby County A&M Association**), and form should be mailed to the address below. Registration fees are non-refundable.
6. Door registrations are subject to \$5 late fee (\$15 total registration), and will not be accepted after 11:00AM
7. You may also register online at <https://sites.google.com/view/shelbycountyfairpageants>
8. Gate fees/admission is not included in registration.
9. All participating contestants will receive a gift from the pageant committee and/or sponsors.
10. From each division, a first, second and third place winner will be awarded with prizes.
11. **Optional Photogenic Award:** Add \$5 to registration, and include 4x6 headshot of contestant with registration.
12. All correspondence regarding this pageant should be addressed to Chastity Tuggle – 162 Maple Road – LaGrange, KY 40031.
Questions? Email – MissShelbyCountyFair@gmail.com

2021 SHELBY COUNTY FAIR BABY SHOW REGISTRATION FORM

CONTESTANT NAME: _____

BIRTHDATE: _____ AGE: _____ SEX: _____

PARENT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

EMCEE CARD (Fill in the blanks and circle appropriate pronouns where needed)

_____ (FIRST NAME) IS _____ MONTHS OLD. HE / SHE IS THE SON / DAUGHTER

OF _____ (PARENTS NAMES). HIS / HER

GRANPARENTS ARE : _____

HE / SHE ENJOYS _____

_____ (FAVORITE ACTIVITIES)

OFFICE ONLY: DIVISION _____ NUMBER: _____