

# MISS/MR SENSATIONAL SHELBY COUNTY FAIR - A SPECIAL NEEDS PAGEANT -

Sponsored by Shelby County A&M Association  
Monday, June 15th 2020 at 3:00PM  
Registration is Free

## Rules for Eligibility:

1. Contestants **with special needs** of any age are welcome to enter.
2. Contestant **must be a resident of SHELBY COUNTY.**
3. Contestants may appear in ANY attire of his/her choice that makes him/her comfortable, and feeling like royalty. Formalwear is not required, however is welcome if he/she chooses. Casual wear, or Sunday best is also acceptable.
4. This celebration of our contestants will be at **3PM at the Horse Show Pavilion** located at the Shelby County Fairgrounds.  
**Arrival time, 2:45PM.**
5. Pre-registration is required. Please complete and return the form below prior to June 10<sup>th</sup>. There is no registration fee for the Special Needs Pageant.
6. All participating contestants will receive a gift from the pageant committee and/or sponsors.
7. All correspondence regarding this pageant should be addressed to Chastity Tuggle – 162 Maple Road – LaGrange, KY 40031. Questions? Email – MissShelbyCountyFair@gmail.com

## 2020 MISS SENSATIONAL SHELBY COUNTY FAIR PAGEANT 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 \_\_\_\_\_ YEARS OLD. HE / SHE IS THE SON / DAUGHTER OF

\_\_\_\_\_ (PARENTS NAMES). HIS / HER

GRANPARENTS ARE : \_\_\_\_\_

HE / SHE ENJOYS \_\_\_\_\_

\_\_\_\_\_ (FAVORITE ACTIVITIES)

THREE WORDS USED TO DESCRIBE HIM/HER ARE \_\_\_\_\_,

\_\_\_\_\_ AND \_\_\_\_\_.

OFFICE ONLY: DIVISION \_\_\_\_\_ NUMBER: \_\_\_\_\_