



Name: _____

Address _____

Date of Birth: _____ Age (As of June 12, 2024): _____

*Contestants must be a minimum of 16 years of age by June 12, 2024 and cannot have reached her 22nd birthday before January 1, 2025. *

Phone Number: _____

Parent/Guardian: _____

Emergency Contact Phone Number: _____

I have read and understand the rules and regulations of the Miss Sangamon County Fair Queen Pageant. I agree to abide by them as a contestant of this pageant and will adhere to these guidelines should I be named Miss Sangamon County Fair 2024.

For a list of pageant rules and regulations, please visit the Sangamon County Fair Website (Sangcofair.com).

Contestant Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

****A parent/guardian signature is required for all contestants, regardless of age.***

FEE: \$75.00 to be paid in cash or check made payable to Sangamon County Fair

For office use only

Cash

Check

Check Number

Date Received