

**Miss Clinton County Fair Application  
Clinton County Fair**

Contestant # \_\_\_\_\_  
Entry Fee Paid: \_\_\_\_\_

After submitting this application, please make **check or money order** payable to the **Clinton County Fair Board** and mail payment to the following address:

Clinton County Fair Board  
P.O. Box 777  
Albany, KY 42602

If payment is not confirmed by the event date, this application will be void. Payment methods other than check or money order will not be accepted.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Resident City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Attending: \_\_\_\_\_ Height: \_\_\_\_\_

Hair Color: *(please select only one)*

Black  Blonde  Brown/Brunette  Red

Eye Color:

Brown  Blue  Black  Hazel  Green  Grey

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Future Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Things of Interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_