

Junior Miss Rock Island County Fair Pageant



(Please remember that the judges will see this application)

Contestant #: \_\_\_\_\_ (for Director only)

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

Nickname (if any): \_\_\_\_\_ Hometown: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

School Attending in Fall \_\_\_\_\_

Plans for After High School: \_\_\_\_\_

Employment: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Church/Civic/Community Activities: \_\_\_\_\_

Special Honors you have received: \_\_\_\_\_

Why do you want to become Junior Miss Rock Island County Fair? \_\_\_\_\_

What would you like the judges to know about you? (Interesting Fact): \_\_\_\_\_

Judges Notes: Interview Suit: \_\_\_\_\_ Dress: \_\_\_\_\_