

Little 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:

Mom's Name and Address: _____

Dad's Name and Address: _____

Brothers and/or Sisters: _____

Height: _____ Eye Color: _____ Hair Color: _____

School Attending in Fall _____

Favorite Color and WHY?: _____

Favorite Food and WHY? _____

Favorite Book or Movie and WHY? _____

What do you like to do for fun? : _____

Why do you want to become Little Miss Rock Island County Fair? _____

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