

CONTESTANT ENTRY FORM

2021 Waller County Little Miss & Little Mister

Contestant Name _____

Birthday _____ Age _____
(as of September 1, 2019)

Name of Sibling(s) _____

School _____ Hair Color _____ Eye Color _____

Favorite Color _____ Favorite Food _____

What do you like to do for fun? _____

Favorite TV Show _____ Toy/Game _____

Any Activity Involvement? *(dance, softball, baseball, gymnastics, 4-H)*

What would you like to be when you grow up?

Little Miss and Little Mister Contest Parent or Guardian Consent for Minor Children

Parent(s) or Guardian(s): _____
please list names as you would like them to appear in announcements

Address: _____ City: _____

Phone #: _____ Email: _____

School Attended: _____ Grade: _____

*****For entry to be accepted, Parents and/or Guardians must read, sign and date this consent form*****

I/We do hereby authorize our minor child/ward _____ to participate
(Participant's Name)
in the Little Miss/Mister Contestant activities. We do not hold Rock Island 4-H, the Waller County Fair Association, its directors (individually or as a whole), and the staff, including committee Personnel, responsible for any liability while a participant either on or off the fairgrounds property. It is also agreed that by signing this release, the contestant gives permission to use any pictures for newspaper ads, web page, catalog or video.

We have read the rules and regulations governing the contest and agree to abide by them.

Parent / Guardian Signature

Date

Communication by Text: _____ yes _____ no