

ENTRY # _____
(office use only)

2024 WOODFORD COUNTY FAIR SHINING STARS ENTRY FORM

Check each that applies:

Age Group as of June 2, 2024:

Newborn through 5 6 through 10 11 through 15 16 through 19 20 and above

Male Female

Uses wheelchair Will introduce self

Name: _____

(As you want it announced)

Parents/Guardians _____

(As you want it announced)

Address: _____

Phone: _____ Email: _____

School or Employment: _____

Hobbies/Activities: _____

Favorite Food: _____

Favorite TV Show: _____

Pets: _____

Favorite Song: _____

Favorite thing to do: _____

Favorite color: _____

Anything else you want us to know: _____

Mail this completed entry form and consent form to WCFA SHINING STARS PAGEANT, PO Box 342, Versailles KY 40383 or email to woodfordfair@gmail.com by the deadline of Noon on May 25th.
Only the first 20 entries will be accepted, and no late entries will be accepted.

Parent/Guardian Signature

Contestant # _____ (office use only)

2024 Shining Stars Pageant Consent Form

Release of Liability

I hereby waive Woodford County Fair, any associates and/or volunteers from any liability of injury, loss, or damage to person or property associated with the Shining Stars Pageant and the Woodford County Fair.

Print Parent/Legal Guardian Name

Print Contestant Name

Parent/Legal Guardian Signature

Date

Photograph Release

___ I give permission for any and all pictures to be published for any purpose and in any form (such as, but not limited to, social media, website, advertising)

___ I do not give permission for any and all pictures to be published for any purpose and in any form (such as, but not limited to, social media, website, advertising)

Print Parent/Legal Guardian Name

Print Contestant Name

Parent/Legal Guardian Signature

Date