



2018 Baytown Youth Fair Infant/Toddler Pageant Entry Form

____ Baby Miss ____ Wee Miss ____ Toddler Miss ____ Little Miss

Name: (first, middle, last) _____

Address: _____

Home Phone: (____) _____ Cell/Work: (____) _____

Parents Name: (First and last): _____

Email address: _____

Age: _____ Birthday: _____

Eye Color: _____ Hair Color: _____

Favorite toy: _____

Favorite food: _____

Hobby/Favorite thing to do:

Include any other information she would like to include:

Please check if you'd like to enter the Optional Category: _____ (one entry to both categories)

Best Eyes Most Photogenic

I have read and acknowledged the rules:

(Parent/Guardian signature) _____

Questions? Contact Sarah Knoebel 713-584-0071 sarstom131@gmail.com

Internal use only:

Number: _____ Date Received: _____ Received By: _____