

2019 Baytown Youth Fair Infant/Toddler Pageant
This entry form will be read while the contestant is modeling

Name: _____
(First, Middle, Last)

Address: _____

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

Age: _____ Birthday: _____

Eye Color: _____ Hair Color: _____

Parents Name: (Mom and/or Dad First and Last name)

Email address: _____

Favorite Toy: _____

Favorite Food: _____

What is her favorite thing to do? _____

Optional Categories: __ Best Personality __ Best Hair __ Most Photogenic

I have read the rules and do intent on following all rules to the best of my ability.

Signature of Parent/Guardian

Internal Use Only:

Number: _____ Date Received: _____ Received By: _____