

2019 Miss Pasco Princess & Mr. Pasco Prince Baby Pageant Contestant

ENTRY FORM

12:00 P.M. Saturday, February 23, 2019, DAN CANNON
AUDITORIUM PASCO COUNTY FAIRGROUNDS
DADE CITY, FL

Name: _____

Birth Date: _____ Age: _____ Girl: _____ Boy: _____

Address: _____

City: _____ Zip: _____

Phone #: (_____) _____ Email: _____

Please list the contestant's three (3) favorite things they like to do.

Favorite Food: _____ Color of Eyes: _____ Hair: _____

ENTRY FEE OF \$35.00 (NO REFUNDS) _____

ENTRY FEE OF \$45.00 (NO REFUNDS) _____

PLEASE MARK ONE:

(CASH) _____

(CHECK) _____

MAIL ENTRY FORM WITH CHECK OR CASH TO:

PASCO COUNTY FAIR ASSOCIATION, INC., 36722 S.R. 52, DADE CITY, FL, 33525

Terms & Conditions: I accept and acknowledge that the judge's decisions are final. I will act with good sportsman like conduct. Should I not act with good conduct I will be asked to leave. The Pasco County Fair Association, Inc. & the Miss Pasco Princess and Mister Pasco Prince Pageant reserves all rights to use any photographs taken at functions associated with the Fair and Pageant. I understand that the registration fee is non-refundable unless in the event the pageant is canceled.

Parent/Guardian Signature

Date

The Pasco County Fair Association, Inc. does not discriminate against any person on the basis of age, race, color, sex, disability, religion or national origin.