

**2020 MISS HEART OF FLORIDA PAGEANT ENTRY
FORM
6 P.M. FRIDAY, FEBRUARY 21, 2020 DAN CANNON AUDITORIUM
PASCO COUNTY FAIRGROUNDS, DADE CITY, FL
DEADLINE: FEBRUARY 7, 2020**

PLEASE TYPE OR PRINT

Contestant's Full Name _____

Age _____ Date of Birth: _____ Email: _____

Address _____

Street

City

Zip Code

Telephone _____

Home

Cell

Parent(s)

Father's Name _____

Mother's Name _____

School Attending _____ Grade _____

Please write in your answers neatly below, as this will be announced during the pageant.

My favorite subject at school is:

My favorite hobbies are:

I am most proud of myself because:

ENTRY FEE OF \$35.00 (NO REFUNDS) PLEASE MARK ONE (CASH) (CHECK) (CREDIT CARD)

CARD NUMBER _____ EXPIRATION DATE _____

CODE ON BACK OF CARD _____

MAIL ENTRY FORM WITH CHECK, CASH OR CREDIT CARD TO:
PASCO COUNTY FAIR ASSOCIATION, INC., 36722 S.R. 52, DADE CITY, FL 33525

I HAVE READ AND UNDERSTAND THE RULES OF THE MISS HEART OF FLORIDA PAGEANT AND I CERTIFY THAT I AM ELIGIBLE TO PARTICIPATE AND WILL ABIDE BY THE RULES THAT HAVE BEEN PROVIDED. I UNDERSTAND THAT BY NOT FOLLOWING THE RULES I CAN BE DISQUALIFIED. I WILL ATTEND THE SCHEDULED PRACTICES THAT HAVE BEEN SET BY THE COMMITTEE AND THE PASCO COUNTY FAIR.

Please note: the Pageant is Friday, February 21, 2020 at 6pm!

I ACCEPT AND ACKNOWLEDGE THE PASCO COUNTY FAIR ASSOCIATION RESERVES ALL RIGHTS TO USE ANY PHOTOGRAPHS FOR THE PURPOSE OF PROMOTIONAL OR MEDIA ASSOCIATED WITH THIS EVENT AND/OR THE 2020 PASCO COUNTY FAIR.

Please send a copy of the rules/regulations with initials signed by the parent and contestant when entering.

CONTESTANT'S SIGNATURE _____ DATE _____

PARENT 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.