

2019 American Legion County Fair Young Miss Entry Form

Department 22 - Section 4 - Class 2

Name: _____ Phone: _____
As you would like it printed in the Program Booklet

Address: _____

City, _____ State, _____ Zip: _____

County: _____ Date of Birth: _____ Age as of June 1, 2019 _____

Intial **Premiums:** Young Miss \$100.00

I agree that as a Contestant in the American Legion County Fair Young Miss Contest I will abide by all Local and State Rules, and Requirements, as set forth by the American Legion County Fair Queen Program.

_____ I agree to be an active member of the annual Fair Queen Court's Veterans Support Fundraiser

Contestant Signature

Parent/Guardian Signature

