



Brazoria County Fair Association

P.O. Box 818 • 901 S. Downing • Angleton, Texas 77516
(979) 849-6416 • Fax (979) 849-6985

LITTLE MISTER & LITTLE MISS ENTRY FORM & CONSENT

ENTRY DEADLINE: August 24, 2009, 5:00 P.M.
ENTRY FEE: \$15.00
FINAL JUDGING: Friday, October 9, 2009, 6:00 P.M.

PARENTS AND/OR GUARDIANS MUST READ, SIGN AND DATE THIS CONSENT FORM:

We have read the rules and regulations governing the Brazoria County Fair Association's Little Mister and Little Miss Contest and agree to abide by them. Furthermore, we _____ do hereby authorize our

(parent /guardian's name)

child /ward _____ to participate in the Little Mister and Little Miss contest, pageant

(participant's name)

and activities. We understand that if selected as Little Mister or Little Miss our child/ward will be obligated to indemnify and hold harmless the Brazoria County Fair Association, the Little Mister and Little Miss Contest Committee, and any and all officers, directors, and staff members from any and all claim for damages to person and property while a participant in any fair activities. We agree that this consent shall constitute a bar to any recovery or claim made by us or our child / ward against the Brazoria County Fair Association, its directors individually or as a whole, and the staff, including committee personnel.

Brazoria County Fair Association reserves the right and participants, parents and guardians agree to grant permission to publish any and all photos of the Brazoria County Fair exhibitors for use on the website, sponsorship packages and promotional materials. ENTRY FEE DOES NOT INCLUDE ADMISSIONS FOR SPECTATORS.

PARENT/GUARDIAN SIGNATURE

DATE

FULL NAME: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

PARENT'S PHONE NUMBER:(____) _____ WORK:(____) _____

BIRTHDAY: ____/____/____ AGE: _____ GRADE: _____

BROTHERS/SISTERS: _____

COLOR OF HAIR: _____ COLOR OF EYES: _____

NAMES & TYPES OF PETS: _____

FAVORITE GAME/TOY _____ FAVORITE COLOR: _____

FAVORITE FOOD: _____ FAVORITE T.V. SHOW(S): _____

WHAT WOULD YOUR CHILD LIKE TO BE WHEN HE/SHE GROWS UP? _____

I hereby certify that the attached photocopy of _____'s birth certificate is a true and correct copy of said document.
(participant's name)

PARENT/GUARDIAN'S SIGNATURE

DATE

FOR OFFICE USE ONLY

PAID \$ _____ DATE _____ CASH _____ CHECK _____ CREDIT _____ RECEIPT # _____