

2009 Fort Bend County Fair Queen Contest
Registration Form

Contestant Name: _____

Contestant Address: _____

Street Address

City Zip Code

Home Phone: _____ Alt. Phone: _____

**Two contact phone numbers MUST be provided*

Contestant Email: _____

Date of Birth: _____ School: _____

Social Security Number (last four digits only): _____

Contestant's Parents Names:

Parent's Phone (if different):

Name of Sponsoring Organization:

Name of Adult Rep. of Sponsoring Organization:

Sponsoring Organization Mailing Address:

Street Address

City Zip Code

Sponsoring Organization Contact Phone Number:

BY SIGNING THIS DOCUMENT, THE UNDERSIGNED ACKNOWLEDGES THAT THE
CONTESTANT, HER FAMILY, AND SPONSORING ORGANIZATION'S ADULT REPRESENTATIVE
(IF APPLICABLE) HAVE EACH READ THE RULES OF THE FORT BEND COUNTY FAIR QUEEN
CONTEST AND AGREE TO COMPLY WITH THE RULES OF THE CONTEST.

Contestant

-----Date-----

Contestant's Parent or Legal Guardian

-----Date-----

Sponsoring Organization's Group Representative (if applicable)

-----Date-----

Mail Application and Signed Rules of
the Contest to:
Fort Bend County Fair
P.O. Box 428
Rosenberg, Texas 77471