



Name: _____

Address: _____

Date of Birth: _____ Age (As of June 10, 2026): _____

****Contestants must be a minimum of 16 years by June 10, 2026 and cannot have reached her 22nd birthday before January 1, 2027****

Phone Number: _____

Parent/ Guardian Name: _____

Emergency Contact Phone Number: _____

I have read and understand the rules and regulations of the Miss Sangamon County Fair Queen Pageant. I agree to abide by these guidelines as a contestant in this pageant and will adhere to them should I be named Miss Sangamon County Fair 2026.

For a list of all pageant rules and regulations, please see the Miss Sangamon County Fair Queen Contract in its entirety. Provided to the public on the Sangamon County Fair Queen Website

(sangcofair.com).

Contestant Signature: _____

Parent/ Guardian Signature: _____

A parent/ guardian signature is required for all contestants, regardless of age

To ensure our pageant gives the best opportunities to each contestant involved, as well as to sustain suitable areas for practice and other expenses, we ask each contestant to pay a \$75 entry fee. If for some reason a contestant may not be able to continue in the pageant process, a refund will not be issued. We ask that fees be paid in cash or with check. Checks can be written to the **Sangamon County Fair**.

PAYMENT METHOD USED:

- CASH**
- CHECK**

CHECK NUMBER: _____

DATE RECEIVED: _____