

KENTUCKY APPLE FESTIVAL BABY CONTEST APPLICATION

SPONSORED BY DELTA SIGMA SORORITY

Child's Name: _____

Parent's Name: _____

**Complete
Address:**

**Telephone
Number:** _____ **Birthday:** _____

A recent 5x7 photo is required upon application. A \$30.00 cash fee will be collected on the day of the contest. Contestants will be lined up in the order of application. Most Photogenic will be judged from 5x7 photo for an additional \$10.00, due at the time of application. A professional photographer will be judging the baby's photo on display. Doors will open at 1:00 pm. Visit us on Facebook.

I have read the contest rules and agree to abide by them and accept the Judge's decision as final. I understand that I am relieving Delta Sigma Sorority, Paintsville High School, City of Paintsville and the Kentucky Apple Festival from any responsibilities of loss and injury while participating in any way with the Kentucky Apple Festival Baby Contest.

Signature of Parent or Guardian