

SENIOR MRS. ARKANSAS FAIR QUEEN

61 and older

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Day Time Phone: _____ E-mail: _____

Date of Birth: _____ Birthplace: _____

Height: _____ Weight: _____ Color Of Eyes: _____ Color of Hair: _____

Occupation: _____ Employer: _____

Marriage Date: _____ Husband's Name: _____

Children's Name and Date of Birth:

Describe Current and Recent Community Involvement:

Hobbies, Talents and General Background:

I agree with the statements made above and will abide by all the Rules and Regulation required by the Mrs. Arkansas State Fair Queen Competition.

I understand there will be a \$100.00 applicant fee for this contest. Deadline is September, 2017 at 5:00 pm. Competition is Saturday, October 21, 2017.

Signature of Applicant: _____ Date: _____

Applicant fee \$100.00 Make checks payable to: Arkansas State Fair
2600 Howard Street
Little Rock, AR 72206