



**2017 Fort Bend County Fair Queen  
Scholarship Contest  
Registration Form**  
*(Please Print)*

Contestant Name: \_\_\_\_\_

Contestant Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Two contact phone numbers **MUST** be provided*

Contestant Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
*(last 4 only)*

Contestant's Parents  
Names: \_\_\_\_\_

Parent's Phone (if different): \_\_\_\_\_

**By signing this document, the undersigned acknowledges that the contestant, and her family have each read the rules of the Fort Bend County Fair Queen Scholarship contest and agree to comply with the rules of the contest.**

Contestant

\_\_\_\_\_ Date \_\_\_\_\_

Contestant's Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Bring Registration and Signed Rules of the Contest to the workshop at the  
Fort Bend County Fairgrounds.

**July 30, 2017**

**Do Not Mail Application**