

Contestant # \_\_\_\_\_ Age Category: \_\_\_\_\_



# Baby Show Application Form

**Child's Information:**

- Child's First Name: \_\_\_\_\_
- Child's Last Name: \_\_\_\_\_
- Date of birth: \_\_\_\_\_
- Age: \_\_\_\_\_

**Parent/Guardian Information:**

- Parent/Guardian's First Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- City: \_\_\_\_\_

**Please read the Terms and Conditions below before submitting your application:**

1. I confirm that the provided Information is accurate.
2. I understand that the show is a public event, and that photographs or videos may be taken during the event.
3. I grant permission for the organizers to use any photographs or videos of my child for promotional purposes related to the show.
4. I acknowledge that participation in the show is voluntary and that organizers and the venue will not be held liable for any accidents, injuries that may occur during the event.
5. I agree to abide by the rules and regulations set forth by the organizers and will ensure that my child(ren) behaves appropriately during the show.
6. I understand that all judges' decisions are final and binding.

**I have read and understand the Terms and Conditions: (Initial): \_\_\_\_\_**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit the completed application form and any questions to the following email:**

Email: [TheFallFairBabyShow@gmail.com](mailto:TheFallFairBabyShow@gmail.com)

**Thank you for your interest in the show! We will review your application and contact you with confirmation.**