McClure Bean Soup Festival & Fair Li This form will not be seen by the judges. It is only for the files of t by the commentator when contestants are introduced at the compet pages as necessary.	the McClure Bean Soup Festival and Fair,	, and will be used
Contestant's Name:	Age on 9/10/2017 Date of	Birth
Home Address:	(not published) Town:	Zip:
Home County: Home Phone: _	(not published	d)
Other Phone where you can be reached, if necessary:	(not published)	
Email Address: (not pu	iblished)	
Parents' Names:		
School:	Grade:	
What other Activities have you been involved in (ex. Baseball,		
What do you want to be when you grow up?		
My favorite part of the McClure Bean Soup is:		
My role model, or the person who has influenced me the most i	beca	ause

Mail to: McClure Bean Soup Festival & Fair Little Miss Bean Contest, C/O Kate Reed 229 Conner Rd McClure, PA 17841

If you have any questions, please phone: Kate Reed. (570-658-7266) or email: pageant@mcclurebeansoupfair.com

Please return: 1) this completed application, 2) 4x6 Photo for publicity 3) entry fee (\$5.00)

DEADLINE FOR APPLICATION TO THE ABOVE ADDRESS: August 26, 2017

Make checks payable to: McClure Bean Soup Festival & Fair.

T-shirt size_____

Contestant # _____

Contestant #	
--------------	--

McClure Bean Soup Festival & Fair Pageant Parental Release Form For Youth Under 18 Years of Age

Name:	
Soup Festival & Fair and Pageant Committee are not respons	the McClure Bean Soup Festival & Fair. The McClure Bean ible in the event of accident or injury. I have also completed the ean Soup Festival & Fair competition, and have read the rules and ations set forth.
Signature (Parent or Guardian)	Date
Signature of Participant	