



2019 APPLICATION PACKET

2019 Illinois County Fair Queen Pageant CHECKLIST AND INSTRUCTIONS

PLEASE FOLLOW THIS CHECKLIST TO INSURE THAT YOU HAVE MET ALL OF THE NECESSARY REQUIREMENTS

☐ COMPLETE APPLICATION AS FOLLOWS:

The Contestant Application for the 2019 Miss Illinois County Fair Queen Pageant must be filled out utilizing an online form available at: www.missillinoiscountyfair.com

Be prepared to provide the following information:

- Sponsoring Fair
- Contestant's Name
- Hometown
- Height
- Hair Color
- High School
- High School Graduation Date
- College and Career Plans (up to 3 lines)
- Employment (one line) if applicable
- Hobbies and Interests (up to 3 lines)
- Activities (up to 7 lines)
- Special Honors (up to 4 lines)

Use only current information - from high school years forward. The judges do not need to hear your life story. Do not include what happened to you in the second grade unless it relates to your career plans or was an extremely important event.

Be Brief. The judges have limited time to read your application. Short phrases are easier to see than sentences and paragraphs. Eliminate "I was in the high school chorus for four years, was selected to IMEA District Choir my junior and senior year and was the Choreographer for our Show Choir. Instead, **DO THIS:** List "Choir; Show Choir Choreographer" under **ACTIVITIES** and put "IMEA District Choir" under **SPECIAL HONORS**. How long you have participated is not that important. Listing enables the judges to spot what they are looking for when they interview you. When completing application, list most recent activities first; college, then high school, then extracurricular; keeping like things together.

Check your spelling. **JUDGES WILL SEE THIS APPLICATION** as you have completed it. Confidential information will not be shared with the judges.

Your application will also include:

- Contestant's Home Address (not school address)
- Contestant's Home Telephone Number (not at school)
- Contestant's E-mail Address
- Contestant's Birthdate
- Contestant's Social Security Number
- Names of Contestant's Parents as you wish them to appear in the Program
- Name of Pageant Director
- Director's Address
- Director's Home Telephone Number
- Director's Cell Telephone Number
- Director's E-mail Address
- Number of contestants participating in your 2018 Pageant
- Tentative Date and Time for 2019 Pageant

❑ UPLOAD THE FOLLOWING PROFESSIONAL PHOTOGRAPHIC MATERIAL:

Both photographs must be uploaded through the link found at www.missillinoiscountyfair.com. Your photographs must be a minimum of 300 dpi and submitted as a jpg or eps file. To ensure the best quality reproduction of photographs, they must be submitted in the sizes shown below. If they are submitted at smaller dimensions or at a lower than 300 dpi, there is no guarantee of clear reproduction in the program book, judges packet or on the queen display boards outside the ballroom. Your photographer will be able to provide you with these files in the appropriate resolution and dimensions.

❑ Wallet size photograph of contestant in business attire. The picture should be a head and shoulders shot without crown or sash. This photo MUST be 2 1/4" wide x 3 1/4" long; length between forehead and chin must be 1 1/4". It will be screened onto the application to be used for identification purposes by the judges and used in the pageant program. Choose a light gray or blue background. Photos with other background colors (including white as it blends with the page around it) Will not be accepted. Make sure there is a distinction between your hair color and your clothing color, If you have dark hair, don't wear a dark color. Use medium shades of cosmetics. Name this file your "(fair name) business". Example: Sangamon Business

❑ 8" x 10" official color portrait The Queen should be wearing her crown and evening gown; sash, scepter and other regalia is optional. The picture must be vertical; a head & shoulders, waist-up or three-quarter length shot; stopping at the knee. These pictures will be displayed in an attractive manner during the Convention. Name this file your "(fair name) gown". Example: Sangamon Gown.

❑ PRINT APPLICATION. KEEP FOR YOUR RECORDS.

❑ PRINT ACKNOWLEDGEMENT PAGE AND COMPLETE SIGNATURES.

❑ PRINT, COMPLETE AND SIGN MEDICAL CONSENT AND EMERGENCY INFO FORMS.

❑ IF NOT COMPLETED AT THE STATE FAIR, PRINT AND SEND DRESS ORDER FORM.

❑ SEND THE FOLLOWING TO:

Cathy Redshaw, State Director, 7197 Sugar Grove Rd. , Rushville, IL 62681 **BY OCTOBER 1, 2018:**

❑ SIGNED ACKNOWLEDGEMENT PAGE (pg. 18)

❑ MEDICAL CONSENT AND EMERGENCY INFO FORMS

❑ DRESS ORDER FORM (if not completed at state fair)

❑ ENTRY FEE OF \$275 PAYABLE TO IAAF. \$75 of this fee provides the Queen's production number outfit. The remainder covers Queen's sash designating the sponsoring Fair; her County Fair Banquet ticket; the Queen's luncheon; Get Acquainted Dinner; and other various activities.

❑ SEND THE FOLLOWING TO:

Cathy Redshaw, State Director, 7197 Sugar Grove Rd, Rushville, IL 62681 **BY October 1,2018:**

❑ ADVERTISING ENTRY PAGE, PRINTED COPY OF PROGRAM ADVERTISING AND APPROPRIATE PAYMENT. Please submit separate entry page for each ad!

❑ CONVENTION BADGE ORDER FORM AND APPROPRIATE PAYMENT

❑ SEND LUNCHEON TICKET ORDER FORM AND APPROPRIATE PAYMENT

❑ DO NOT USE STAPLES OR TAPE! PAPER CLIP MATERIALS TOGETHER.

❑ SEND BANQUET TICKETS ORDER FORM AND PAYMENT TO: Tom Schahrer, IAAF Banquet Chairman, 25794 E. 1000 N Rd., Forrest, IL 61741. Tickets are \$35 each. Twelve tickets are guaranteed for each fair when they are ordered and paid for by October 1, 2018. Orders will be filled on a first come first served basis until the Ballroom is full. Checks should be made payable to: IAAF Banquet.

EMERGENCY MEDICAL INFORMATION FORM

This information will be shared only with authorized medical personnel and pageant crew members to be used in case of an emergency.

Contestant Name: _____

Sponsoring Fair: _____ Birthdate: _____

Home Address: _____

Physician who conducted your most recent physical exam:

Physician's Name: _____ Location: _____

Physician's Phone: _____ Date of Last Exam: _____

For your own safety, please mark all the following that apply and provide additional details below.

| Chronic Ailments | | Allergies | |
|--|--------------------------|-------------------------|--------------------------|
| Asthma, or other Respiratory Problems | <input type="checkbox"/> | Medication | <input type="checkbox"/> |
| Diabetes or Hypoglycemia | <input type="checkbox"/> | Bee Stings/Insect Bites | <input type="checkbox"/> |
| Hemophilia, or other Bleeding Problems | <input type="checkbox"/> | Foods | <input type="checkbox"/> |
| Circulatory or Heart Problems | <input type="checkbox"/> | Others, if Significant | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | | |
| Other, if Significant | <input type="checkbox"/> | | |

Details: _____

Blood Type: _____ Date of Last Tetanus Shot: _____

Current Medications (if any): _____

Who should be called in case of an emergency?

Name: _____ Relationship: _____

Home Phone: _____ Cell or Work Phone: _____

MEDICAL RELEASE AND CONSENT FORM

Contestant Name: _____

Sponsoring Fair: _____ Birthdate: _____

Home Address: _____

Name of Parent or Guardian: _____

Medical Insurance Company/HMO Name: _____

Employer or Company Name (if group plan): _____

Policy Number: _____ Policy Holder's Name: _____

Relationship to Contestant: _____ Policy Holder's Birthdate: _____

I certify the policy named above is now in force and will be maintained through **January 31, 2019**. I understand that contestants are responsible for all medical/dental expenses incurred during the time in which they participate in the Miss Illinois County Fair Queen Pageant competition activities as well as traveling to or from the event; and agree to release the Miss Illinois County Fair Queen Pageant, the Illinois Association of Agricultural Fairs, its' Board, Staff or Volunteers from any loss, damage, liability or injury, however caused, arising from participation in the Miss Illinois County Fair Queen Pageant. Further, I certify that the medical information given above is true and accurate.

Contestant's Signature and Date

Parent Signature and Date

In the event of accident, injury or illness of the aforementioned contestant, I, the undersigned, do hereby authorize the Board, Staff and Volunteers of the Miss Illinois County Fair Queen Pageant and the Illinois Association of Agricultural Fairs to provide emergency medical treatment; and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any registered medical or dental provider. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical or dental provider in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the listed emergency contact prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Contestant's Signature and Date

Parent Signature and Date

PRODUCTION NUMBER DRESS ORDER FORM

SPECIAL NOTE: If the contestant is in attendance at County Fair Day activities in August at the Illinois State Fair, she will be measured for this dress. If she is not able to attend, be certain to send this information by October 1st along with the application, photos, and entry fee.

FAIR: _____ NAME: _____

MAILING ADDRESS: _____

_____, IL
City Zip Code

HOME TELEPHONE NUMBER: _____

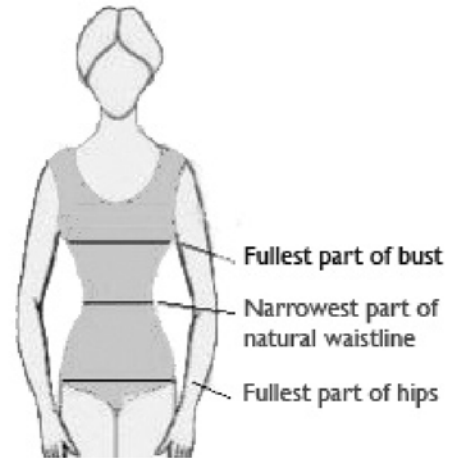
HEIGHT: _____ WEIGHT: _____

SIZE DRESS YOU NORMALLY WEAR: _____

BUST MEASUREMENT: _____
(Measure around the fullest part, keeping the tape parallel to the floor)

WAIST MEASUREMENT: _____
(Measure around the natural waist (the navel) keeping the tape snug.)

HIP MEASUREMENT: _____
(Measure the fullest part of the hip, keeping the tape parallel to the floor.)



Have your measurements taken carefully - these are the only reference we have.

Do not attempt to take them yourself, have a mother or friend help you. Do not take measurements over bulky clothes - measure in undergarments. Keep the tape measure straight and snug, not tight.

These measurements will not be for public disclosure - they will be used to determine the correct size to order for the dress you will wear for the production Number at the Sunday night Finals and Banquet.

Dress will be mailed directly to you at your home.

2019 PAGEANT PROGRAM ADVERTISING ENTRY

- please copy and submit this page for each entry -

Here's your opportunity to wish your Special Queen "Good Luck at the State Pageant" in a permanent way. Numerous dollars are spent on gifts and floral arrangements each year. We encourage you instead to advertise in the Pageant Program. It's a way to give an everlasting gift that not only says "I'm proud of you" but also has the potential to reward her financially. The proceeds from advertising provide cash awards for 25% of the contestants. Pageant Stage decorations and other special items for the contestants also come from this fund.

Programs are given free to all contestants and those who attend the finals. Program books are available during the Preliminaries. They include all contestant's photos & brief biographies, highlights of last year's pageant and the State Queen's activities, complete list of sponsors, awards, personnel and pageant events. Our Queens love this wonderful keepsake of one of the most memorable events of their lives.

Full pages are just \$125.00, half pages are available for \$65.00 and one-quarter pages for \$45.00. We suggest up to a total of two pages of advertising for each contestant. In order to meet publication deadlines, your ad must be uploaded through the link at www.missillinoiscountyfair.com and a printed copy and payment must be submitted by October 1st to: Illinois Association of Agricultural Fairs, c/o Cathy Redshaw, State Pageant Director, 7197 Sugar Grove Rd., Rushville, Illinois 62681.

Please make all checks payable to IAAF.

Only the following formats will be accepted for your advertisement(s): jpg, eps, PDF. Any other format can not be accepted and you will be contacted to redo in the appropriate format. Your ad should be labeled as "(fair name) ad". If you have multiple ads for your queen, please put the number of the ad in the name (i.e. Sangamon Ad2). Ads **MUST BE** the correct dimensions when they are uploaded. Please **DO NOT** make your ad a different size than one of the following:

Full Page copy size: 7.5" horizontal x 10" vertical

Half Page copy size: 7.5" horizontal x 4.875" vertical

Quarter Page copy size: 3.625" horizontal x 4.875" vertical

All layouts must be vertical (reading it as you would a book with the short end at the top of the page).

A paper copy of your ad (to be used for placement purposes) must accompany this form with your payment. Please use a separate form for each advertisement.

See next page for helpful tips!

Complete the following information for each advertisement. Copy this page for additional entries.

Fair: _____ Contestant Name: _____

Ad Sponsor(s): _____

If there are questions concerning this ad, contact: _____

at telephone #: _____ or email: _____

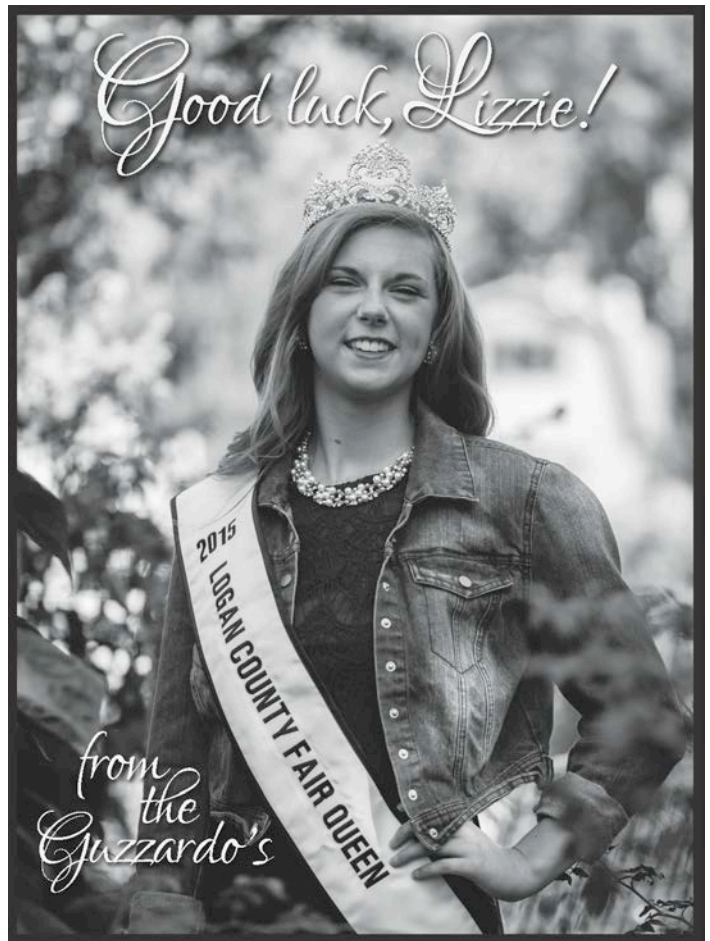
Please indicate the size of the ad being submitted with this form:

- Full Page - \$125 each – copy size 7.5" horizontal x 10" vertical
- Half Page - \$65 each – copy size 7.5" horizontal x 4.875" vertical
- Quarter Page - \$45 each – copy size 3.625" horizontal x 4.875" vertical

Check Number _____ included for payment of ads.

Here are a few helpful advertising tips:

- Talk to family, friends, co-workers, club members (ex: cheerleaders, 4-H, church youth groups) and area businesses to see if they would like to participate.
- Ads can be sponsored by several individuals & payment split between them.
- You may wish to provide statewide advertising as an enticement or thank you for a generous county fair sponsor and/or use it to advertise your 2018 Fair dates and activities.
- Adhere to the copy size when laying out your advertisement. It's impossible to reduce an 8.5" x 11" page to a 3.625" x 4.875" advertisement.
- Use the computer - plug in the ad dimensions and go from there or see if an advertising agency will sponsor your ad and lay it out for you.
- Use the Queen's name & title in the ad. Quotes, interests, activities and pictures make it special.
- Don't decide not to do an ad because you're not computer literate. Enlist help from your high school, your neighbor, local newspaper, or a business you use often.
- See this page and the following page for examples.



Congratulations

Jeremiah 29:11

Taylor Roosevelt

MISS EDWARDS COUNTY FAIR QUEEN 2015



*Remember, I Love You . . . and love is forever
Love, Daddy, Mom, Avery & Drew*

IAAF BANQUET AND MISS ILLINOIS COUNTY FAIR QUEEN PAGEANT FINALS TICKET ORDER FORM

**** Sunday---January 20, 2019****

(Note: you must purchase a banquet ticket to attend finals)

FAIR:_____CONTACT PERSON_____

HOME PH:_____CELL PH:_____

ADDRESS:_____CITY_____STATE_____ZIP_____

NUMBER OF TICKETS REQUESTED_____X \$35 each = \$_____CHECK #_____ENCLOSED

Queens Name_____All Parents are covered for tickets (Y or N)_____Initial_____

Please indicate any special assistance in meal type or physical needs_____

Before ordering----please read list below and after all have been covered.....then send order in.....Thank-you.

*****NOTE: Please do not send via---signature required as this is a waste of my time and your money...Thanks!!**

*Check with Fair President or Secretary/Treasurer and Pageant Director to see if and what is needed and if any orders have already been placed.....and if so.....who they are for.

*Consults Queen’s Family to see how many plan to attend the Banquet /Finals. If parents are divorced, make certain to check with both parents of ticket needs. ****Please Initial above to indicate this is done** Just a reminder: All the contestants will compete on Saturday in the Preliminaries. All contestants will participate during the Finals, but only the chosen Finalist will compete that evening.**

*Do Not include your Queen in ticket order as that is already included in her application.

***Please be considerate of others when placing your ticket order as there are only 1200 seats available. ONLY ORDER THE NUMBER OF TICKETS YOU TRULY NEED.....THANK-YOU**

*Only include Banquet tickets with this order form.....all other Queen Pageant fees should be sent to: Cathy Redshaw 7197 Sugar Grove Rd. Rushville, IL 62681

***This Ticket Order Form with Check Made out to * IAAF BANQUET* should be sent to:**

Tom Schahrer—IAAF Banquet Chairman 25794 E. 1000 N. Rd. Forrest, IL 61741

****ANY CHECKS INDICATING VOID AFTER # DAYS.....SHOULD HAVE THAT CROSSED OUT AND INITIALED****

NO REFUNDS-----ALL SALES ARE FINAL

ORDER DEADLINE IS NOVEMBER 15th. IF YOU WOULD LIKE A CONFIRMATION----- PLEASE: Include a stamped, self-addressed envelope and fill out info below.

-----CONFIRMATION-----

FAIR:_____CONTACT_____

TICKETS ORDERED_____ # CONFIRMED_____AMOUNT RECEIVED_____

GENERAL RULES

1. A contestant in the Illinois County Fair Queen Pageant must be a winner of a Pageant held by a fair, which is a member in good standing of the Illinois Association of Agricultural Fairs. A runner-up in the same contest is eligible to compete in the state pageant in the event the Queen is unable to attend.
2. Former local Fair Queens are not eligible to participate in the State Pageant.
3. Personal Characteristics: In order to be eligible, contestants must certify to the Personal Characteristics in this section:
 - a. Must be a minimum of 16 years of age and not have reached her 22nd birthday by January 1, 2019.
 - b. Must be a U.S. Citizen. Contestant, Parent or Legal Guardian must currently be a resident of Illinois for a minimum of six months.
 - c. Can never have been convicted of a felony offense.
 - d. Was born female and have always been a female.
 - e. Must be single and never have been married or had a marriage annulled.
 - f. Can never have been pregnant. Is not the adoptive parent of a child.
 - g. Does not use or consume any illegal controlled substances or abuse the use of alcohol or other dangerous substances.
 - h. Is of good moral character. Has never performed any act or engaged in any activity or employment that is or could be characterized as immoral or indecent. Attests that any and all online depictions associated with the contestant's name or likeness including but not limited to Facebook and MySpace pages are consistent with the standards and dignity of the Miss Illinois County Fair Queen Pageant.
4. It is understood that the Miss Illinois County Fair Queen Pageant name, crest and website are the sole property of the IAAF/Miss Illinois County Fair Queen pageant organization. No Queen, Contestant, Director or other person associated or not associated with a fair or fair queen pageant are authorized to utilize the crest or name, in part or in entirety, in any type of publication; or maintain a link to the Miss Illinois County Fair Queen website; without express written permission of the IAAF's Pageant Director.
5. Application Deadline is October 1, 2018. Complete application according to the Instructions/Checklist. ***If we do not receive your application on or before October 1, 2018 the Fair Secretary and the Pageant Director will be notified. The Final Deadline for this information is October 15, 2018. If the Application is not received on or before the Final Deadline, the contestant will not compete in the State Pageant. If the 8" x 10" photograph is not received, it will not appear on the Display Board at the Convention. If the wallet size photo is not received, it will not be included in the Pageant Program or on the Judge's Information Sheet. There will be no exceptions.***
6. Application to the Miss Illinois County Fair Queen Pageant authorizes the use of the contestant's name, likeness, photographs, pictures, physical depiction, endorsement rights, and titles by the IAAF or its' subsidiaries, or by such persons, firms or corporations as may be approved or selected by the IAAF.
7. All contestants must register by **11:00a.m.** on Thursday, January 17, 2019. Rooms will be reserved by IAAF officials for the Queen and her chaperone only. Arrangements for payment need to be made in advance between the responsible party and the hotel.
8. Each Fair must provide a chaperone to their Queen contestant at all times during the Convention and Pageant activities.
9. The IAAF/Miss Illinois County Fair Queen Pageant organization shall determine the time, manner and method of conducting the competition. Each contestant must arrange her personal schedule as she is expected to attend all pageant activities.
 - a. The Pageant will be a four-day event beginning Thursday, January 17, 2019, and ending at the Reception following the coronation of our new Queen Sunday night, January 20, 2019.

b. Competition will include but is not limited to: Contestant's personal interview with judges; appearance in an evening gown and one piece swimsuit, and a speech presentation on stage.

10. If selected as Miss Illinois County Fair 2019, the Queen will serve as hostess of the 2019 Illinois State Fair and DuQuoin State Fair, visit county fairs throughout the summer and participate in other functions arranged by the State Pageant Director during the year. She agrees not to enter any pageant during her reign as Miss Illinois County Fair.

11. In the event of her marriage or any other reason that would keep her from fulfilling her obligations as Miss Illinois County Fair 2019, the Queen will relinquish her title, crown, privileges, and all gifts; and be succeeded by the first or second runner-up.

12. Decision of judges is final. Any grievances or objections relative to the contest will be referred to the Queen Committee of the IAAF.

Complete instructions concerning dates and general information will be mailed to each contestant's home address in November.

2019 Miss Illinois County Fair Contestant Shirt Order Form

Shirts that are ordered by October 1, 2018 will be made and available for pick-up at your Zone Meeting. Shirts ordered after October 1, 2018 will be shipped to the address you indicate below and you must include \$7.50 for shipping charges. Shirts that are being shipped will be sent out by the middle of November.

The County name listed below will be the county name on the back of the shirt.

County _____ Zone: ___ Northern ___ Central ___ Southern

Contestant: _____ Director: _____

Shipping Address: _____

City: _____ State _____ Zip _____

Email Address: _____

Phone: _____

If you are attending your Zone Meeting, your shirt will be available for pick up there. If you are NOT attending the Zone Meeting but would like your shirt delivered there to another county, please indicate her who should pick up your shirt at the Zone Meeting.

Zone: _____ County/Director: _____

If you didn't try on a shirt for sizing at County Fair Day in August, please look at the shirt measurements below.

This is a FITTED shirt and you may need to order larger than normal.

Finished Measurements

| | S | M | L | XL | 2XL |
|------------------|------|------|------|------|------|
| Across Shoulders | 13 ½ | 14 | 14 ½ | 15 | 15 ½ |
| Chest Width | 14 ¾ | 15 ¾ | 16 ¾ | 17 ¾ | 18 ¾ |
| Total Length | 22 ½ | 23 ½ | 24 ½ | 25 ½ | 26 ½ |

Indicate size of shirt:

___ Small ___ Medium ___ Large ___ X-Large ___ 2XL

| | |
|--------------------|-----------------|
| Shirt: | \$20.00 |
| Shipping (7.50) | \$ _____ |
| Zone Mtg Pick up | - 0 - |
| SHIRT TOTAL | \$ _____ |

ACKNOWLEDGEMENTS

I hereby acknowledge that the personal data as shown on this application is correct and that I have read, understand and agree to abide by the General Rules as stated. I understand that the time, manner, and method of conducting the Pageant is solely within the discretion of the Pageant Officials and that the decision of the judges is final. Fair Secretary, Queen and Parent (whether Queen is a minor or not) **MUST** sign below:

| | |
|--|-------------------------------|
| Secretary of Sponsoring Fair's Signature | Secretary's Printed Name |
| Reigning Queen's Signature | Reigning Queen's Printed Name |
| Parent's Signature | Parent's Printed Name |

Payment Checklist

For bookkeeping purposes, please indicate below the breakdown of the check you are submitting.

Please make check payable to **IAAF** and mail with checklist to:
Cathy Redshaw, 7197 Sugar Grove Road, Rushville, IL 62681

Check # _____ County _____

| | |
|---|-----------------|
| Entry Fee 1 @ \$275.00= | \$ _____ |
| Advertising ___ Full Page @ \$ 125.00= | \$ _____ |
| ___ Half Page @ \$ 65.00 = | \$ _____ |
| ___ Quarter Page @ \$45.00= | \$ _____ |
| Luncheon Tickets ___@\$30.00 each = | \$ _____ |
| Pre-Ordered Convention Badges ___@ \$15.00 each= | \$ _____ |
| Official Contestant T-Shirt @\$20.00 (if you did not order and pay at County Fair Day) \$ _____ | |
| Check Total | \$ _____ |