

**2020**  
**Fulton County Fair Beauty Pageants**  
**Age 4 months – 13 years of age**

**September 12, 2020**

**Salem Civic Center, Fulton County Fairgrounds**

**Entries must be received by August 21, 2020**

**{Pageants will be held throughout the day and a time schedule will  
be announced after entries are received.}**

**Registration Fee – \$20.00 and must be included with entry form.**

Fees and entry form may be received by a member of Zeta Omicron Chapter of Beta Sigma Phi or left at the Fulton County Fair Office, SABCO Insurance, or Fulton County Assessor Office, and at the Bank of Salem – Mammoth Spring Branch.

Mail entry form with fee to: (must be postmarked by **August 21, 2020**)  
**Fulton County Fair Pageants, Post Office Box 910, Salem, AR 72576**

**Note: COVID-19 Guidelines that are necessary to follow the directives of the Arkansas Health Dept.**

1. No late entries will be accepted after **August 21st** because the pageant directors need time to plan seating for families and maintain a safe environment in the Salem Civic Center and protect the contestants and their families, judges, and volunteers assisting with the pageants.
2. Please indicate on the pageant entry form, how many family members will be attending.
3. Contestants must come dressed for the pageant and arrive at least 15 minutes before the time for their pageant. Due to COVID-19 regulations **dressings rooms will be closed.** Contestants will be seated in a designated area after they check-in and must stay in the assigned seat. There will be seating for parents for the younger contestants.
4. Families will be seated together and seats will be assigned prior to the pageant date to maintain the health dept. 6 ft. distancing guidelines.
5. Family members will be required to sign in and will be given an armband in case they have a contestant in another division that is later in the day. **Masks will be required by everyone 10 years of age and up.** After seated in the designated area, masks may be removed but must be worn if moving from the assigned seat. After each division time-frame the civic center will be vacated so that it can be sanitized before the next group comes in. Anyone who does not follow the above rules, will be asked to leave!
6. Photos made by family members must be made from the assigned seat. We will have a photographer on site that will make photos before and after each division and of the winners.

## Eligibility Rules for Fulton County Pageants

1. **All contestants must reside in Fulton County or attend school in Fulton County.** Contestants must have been born a female. Contestants cannot be, or at any time have been married, pregnant, or have given birth to a child. A contestant must have not ever have been convicted of a crime or have criminal charges pending.
2. **Age of the contestant is determined by the date of the contest.**
3. The previous year's winner in each division is not eligible to compete in that division this year. However, if they qualify by age to enter the next division they may do so. **Contestants for the Fulton County Fair Pageants are only eligible to enter a fair pageant in one county.** In the event a contestant whose parents are divorced and live in separate counties, and has been court ordered to reside jointly with both parents, she can only compete in one of the two counties in which her parents reside. She must chose the county to enter.
4. The previous year's winner will be introduced for all divisions. The Petite Miss, Junior Miss and Young Miss will have the option of crowning this year's winner of the division they represent.
5. **Each contestant, age 4 months-12 years, must pay an entry fee and it must be turned in with the entry form. We can take credit or debit cards at the Fulton County Fair Office.** All entry forms must be typed or printed with blue or black ink and signed by parent or guardian
6. Judges will be from out-of-county and will be selected by Zeta Omicron Chapter of Beta Sigma Phi. The judges decision is final and names of judges will not be released after the contest.
7. Any dress length is permitted.
8. Winners are encouraged to enter the local parades such as Christmas Parades and the Homecoming Parade.
9. For more information on the Fair Pageants contact a member of Zeta Omicron Chapter of Beta Sigma Phi.

Janell Curtis – 501-454-9003  
Angie Ferguson – 870- 307-7830  
Dixie Harris - 870-405-0666  
Carolyn Lewis – 895-5565  
Joann Miller – 501-730-2929  
Judy Oliver – 870-656-7848  
Jimalee Thomas – 479-200-1087  
Yvonne Zeigler – 870-371-0443

**2020**

**Fulton County Fair Beauty Pageants**

**(Please read all rules. There are several changes due to the COVID-19 Pandemic.)**

**Age 4 months – 13 years of age**

**This application must be returned with the Entry Fee no later than August 21, 2020.**

*Please Check Age Division*

Baby Girl (4-12 mos) \_\_\_\_\_ Baby Boy (4-12 mos) \_\_\_\_\_ Tiny Tot Girl (13-24 mos.) \_\_\_\_\_  
Tiny Tot Boy (13 mos to 3 years) \_\_\_\_\_ Little Miss (2-4 yrs) \_\_\_\_\_  
Petite Miss (age 5-7 yrs) \_\_\_\_\_ Junior Miss (age 8-10 yrs) \_\_\_\_\_ Young Miss (age 11-13 yrs) \_\_\_\_\_

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Contestant's Name \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_ If

enrolled in school, list name of school and grade \_\_\_\_\_

**For Petite Miss, Junior Miss & Young Miss Contestants Only:**

Hobbies \_\_\_\_\_

Clubs and Organizations \_\_\_\_\_

Family members will be seated together and will have reserved seating to meet the Arkansas Health Department 6 ft. distancing guidelines. Please indicate how many family members you will have attend.

**NO. OF FAMILY MEMBERS ATTENDING** \_\_\_\_\_

By signing below the parent or guardian of contestant certify they have read the rules and agree to comply with the rules of the pageant and release the Fulton County Fair Association and the board members and fair volunteers and Zeta Omicron Chapter of Beta Sigma Phi of any liability incurred during the pageant.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_