

Sutton Fair Baby Show Registration Form

First Name of Baby: _____ Last Name of Baby: _____

Date of Birth of Baby: _____ Month _____ Day _____ Year

Phone: _____ Cell: _____

Name of Parent/ Legal Guardian: _____

Relationship to Participant: _____

Email Address: _____

Address: _____

City/ Town: _____ Postal Code: _____

I, _____ (print parent/ legal guardian's name)
authorize and consent for my baby _____ (print baby's name) to participate
in the Sutton Agricultural Society's Baby Show event.

Signature of parent/ legal guardian: _____

Must bring with you:

- Birth Certificate of Baby Participant
- Registration Form
- Waiver/ Consent Form
- Photos/ pictures for submission

Baby Show Committee:

Birth Certificate verified: _____

Category: _____

Number Assigned: _____

Entry pass given: _____

Baby Show Committee Member Initials: _____