Baby Erin-Go-Bragh Contest

Sponsored by the

Dublin-Laurens County Recreation Authority

Saturday, February 23, 2019

Dublin High School Auditorium

10:00 am

Ages: Infant – 2

Contestants compete in dressy clothing – preferably Sunday best. *Contestants are not expected to wear St. Patrick's costumes.* They are judged on best attire, Best Smile & Best Personality. There is also an optional Photogenic Competition – to enter submit payment with application and a color or black & white photo. Photos will be judged on the subject and not the quality of the photo itself and must be turned in no later than Monday, February 11th. The contest fee is $40.00 per contestant and an additional $20.00 for photogenic entry (1 photo).

Divisions:	Baby Queen	Under 1
	Baby King	Under 1
	Tiny Queen	1 year old
	Tiny King	1 year old
	Little Queen	2 years old
	Little King	2 years old

Each contestant is escorted to center stage by one adult (parent) where he/she is shown to the judges. Crowning for each division will occur at the end of each division's stage presentation. One parent chaperone admission is free – all other family members & friends **must** purchase a ticket. Admission is $5.00 per person (Kids 3 & under FREE).

First place winners in each division will receive a trophy, scepter & banner and will ride in the St. Patrick's Festival Parade. All non-placing contestants will receive a participation trophy.

DEADLINE FOR CONTEST ENTRIES: Monday, February 11th.
For more information contact Kay Hughes 478-277-5060.

2018 Baby Erin-Go-Bragh
Contest Application

Contestant Info

Name_____

Birthday_____
Age_____

Hair Color_____

Eye Color_____

Parent's
Names_____

Nursery School/Baby
Sitter_____

Favorite
Food(s)_____

Favorite
Toy_____

Favorite
Activity_____

Favorite
Color_____

Best
Friend_____

Spoiled the **most**
by_____

Sponsor
(Business)_____

Parent's Info

Mailing Address_____

Email Address_____

Phone (day)_____ Phone (night)_____

Contest Entry Fee $40.00

Photogenic competition (optional) $20.00

(*Payment must be made at the time of application)*

Amount Paid $_____ Date_____