

Entry No. _____

2025 BABY CONTEST APPLICATION

**REGISTRATION MUST BE SUBMITTED TO CLYDE CITY BUILDING
OFFICE BY 3:45 PM ON TUESDAY, SEPTEMBER 16, 2025. NO
REGISTRATIONS WILL BE ACCEPTED AFTER THAT TIME.
NO EXCEPTIONS.**

Full Name of Child: _____

Birth date: _____ Please circle gender: Boy or Girl

Age as of September 20, 2025: _____ (Years) _____ (Months) _____ (Days)

(No child born before March 20, 2023 is eligible to participate)

Child's favorite things to say and do (as child is announced, the emcee will read this so the judges get to know your child):

(for additional space, use back of paper)

Parent/Guardian Name(s): _____

Full Address: _____

Phone Number: _____

STOP. PLEASE DO NOT FILL OUT BELOW THIS LINE.

Age Group: Birth to 6 Months

6+1 to 12 Months

12+1 to 18 Months

18+1 to 24 Months

24+1 to 30 Months

\$5.00 entry fee paid _____

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