Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Category:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

Early bird price: \_$45\_\_\_\_

Beauty ($30) (Mandatory)

Prettiest Hair ($5) \_\_\_\_\_\_

Prettiest Smile ($5) \_\_\_\_\_

Prettiest Dress ($5) \_\_\_\_\_

Photogenic ($15) \_\_\_\_\_

Extra Photogenic Pictures ($5 each) Number of extras: \_\_\_\_\_

Fundraiser Queen (free to enter)\_\_\_\_\_\_

Total Amount: \_\_\_\_\_\_

**Age:\_\_\_\_\_\_\_\_\_\_**

**Birthday:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents/Guardians:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School name and Grade/School Graduated from :**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Favorite Food:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Favorite Movie:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hobbies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Future Plans:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsored By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this I agree not to hold the Miss Hope pageant and its directors and staff members harmless of all damages due to theft, accident or injury during or resulting from mine or my child’s participation in the pageant. I accept the responsibility for the regulation of personal conduct and activities of my child and myself and affirm that the enclosed forms are true to the best of my knowledge and belief, including birth date.

Parent/Guardian Signature if 18 or younger: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature (18 and older): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email your application to misshopebenefit@outlook.com or you can mail it and payments to:

Ramona Sheppard

754 McIntyre Street

Sandersville, GA

31082

(If check, make check out to Miss Hope Pageant)

DEADLINE FOR ALL ENTRIES IS AUGUST 15!!!