

CONTESTANT APPLICATION



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Age _____ Date of Birth _____ State Born _____

Marital Status _____ Weight _____ Height _____

Number of Children _____ Grand Children _____ Great Grand Children _____

Talent _____

Equipment Needed _____

- Send one short Bio with only 3 lines that you would like to have in the program book. Also, send a longer bio of one or two pages on your background.
- Send your digital head shot on a CD or use the Pageant photographer for pictures. Pictures will be taken by the Pageant photographer at the first rehearsal. The cost is \$50.00 for the pageant photographer.
- Registration Fee - \$200.00 (Cashier Check or Money Order Only)
- All contestants must commit to selling ten (10) admission tickets to the Pageant
- All applications must be mailed to **P.O. BOX 540492** Miami Fl, 33054 and received by **June 1, 2018**

I HAVE READ THE ABOVE AND UNDERSTAND MY COMMITMENT TO THE MS SENIOR FLORIDA PAGEANT, SPONSORS, HOSTS, AND STATE PAGEANT DIRECTOR AND I AGREE TO PERFORM TO THE BEST OF MY ABILITY FOR THE DURATION OF THE PAGEANT FOR 2018.

Contestant (Print)

Contestant (Sign)

Date