

SUPERVISOR
Catherine "Kay" Starostovic

CLERK
Barbara Schau



TRUSTEES
Robert Hamm
Robert "Bob" Selle
Richard W. Stueber
Theodore "Ted" Beskow

Little Miss Grant Township Pageant 2011

June 24, 2011

Ages 6, 7 & 8

Application

Applicant Name: _____

E-mail: _____ Phone Number: _____

Please complete this application in ink – print legible and completely. This application will be photocopied and given to the judges. The information on this application will also be used by the pageants emcee. Please return this document along with a **\$20.00** entrance fee (either by check, cash or money order) payable to Grant Township Pageant. Applications will be accepted on or before Wednesday, May 25, 2011 by 4:00 pm at Grant Township Center, 26725 W. Molidor Rd, Ingleside, IL 60041. If you have any questions, please contact Pat McKie at (847) 287-5189.

Pageant must have 3 or more participants in each category in order to proceed.

PART I: Eligibility (circle one)

- | | | |
|---|-----|----|
| 1. Are you a resident of Grant Township or Grant Community High School District? | YES | NO |
| 2. Are you at least 6 years old? | YES | NO |
| 3. Will you reach the age of 8 before June 24, 2011? | YES | NO |
| 4. Are you presently a titleholder of another Beauty Pageant or held the title of Little Miss Grant Township? | YES | NO |

A **“YES”** answer to question #4 makes a contestant ineligible to compete.

PART II: ABOUT YOU

1. Age (as of June 24, 2011): _____

2. Date of birth: ____/____/____

3. Height: _____ feet _____ inches

4. Your Favorites:

Color: _____

Movie: _____

Song: _____

Book: _____

Food: _____

Singer/Group: _____

5. If you could be granted ONE wish, what would it be and why?

6. What grade are you in? What school are you attending?

7. What is your favorite subject in school?

8. What is your favorite place to visit and why?

9. What hobbies or activities do you participate in?

10. Describe your future plans (college, career, etc.)

11. What is one trait that you look for in a friend?

12. Tell us something special about you and/or your family.

PART III: CONFIDENTIAL INFORMATION

Contestants Full Name: _____

Parents Name(s): _____

Address: _____

City: _____ Zip: _____

Phone:

Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

I do hereby attest that all the information on this application is true.

Contestant Signature: _____

Guardian Signature: _____

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Little Miss Speech topic:

“What do you want to be when you grow up?”

All Little Miss contestants are expected to deliver a minimum 30-second, memorized speech during the Fair Wear presentation.

You need to keep this page for your speech topic.

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Grant Township Pageant

WAIVER

I, the undersigned hereby, for myself, and heirs, executors and administrators, waive and release all rights and claims I may have against Grant Township, all sponsors, their representatives, successors and assigns, for any and all injuries suffered by me in this event. I am aware that the above parties listed are not responsible for any of my personal items if lost, stolen or broken. I grant permission for emergency medical treatment by competent medical personnel at this event. I grant permission for the free use of my name and photos for any media coverage of this event.

Contestant Signature: _____

Guardian Signature: _____

Date: _____