

Miss Apple Dumpling Pageant Application - **Deadline: June 13th, 2018**

*NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT

Phone Number: _____

Contestant Full Name: _____ (include full middle name)

Age: _____ Date of Birth: _____

Address: _____ City State, Zip: _____

E-mail Address: _____

***** Contestant Information *****

1) Name of High School, Years Attended & Graduation Date: _____

2) Name of College, Major, Years Attended & Graduation Date: _____

3) Additional Education Background: _____

4) How Did You Hear About Us: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

***** Photograph Information *****

Please email a head shot to heather@konopelski.com

***** Contestant Agreement - Read Carefully *****

I have read and fully understand all the rules and regulations as set forth by the Pageant Committee. I, furthermore, agree that the decisions of the pageant judges are final. Judges score sheets are considered to be the legal property of the festival committee. To protect the privacy of all contestants, the judges score sheets will not at any time be released to the public. Requests for individual scores may be made by me (the contestant) in writing to the pageant director, no sooner than one (1) month following the crowning ceremony. I also understand that if I am crowned Miss Apple Dumpling and must relinquish my Miss Apple Dumpling crown for any reason whatsoever, including but not limited to winning an additional title during my reign, the Pageant Committee retains the right to request the return of all prizes won as Miss Apple Dumpling as follows: crown, banner, trophy and scholarship award. I further understand that all photos sent in or taken during the competition becomes property of the Apple Dumpling Festival and may be used for promotional purposes.

I hereby give permission for the Apple Dumpling Festival to put the contestants name and photo on the website to compete in the Miss People's Choice Award. Yes / No (Circle one)

Contestant's Signature: _____ Date: _____

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian's Signature: _____ Date: _____

***** Sponsor Information *****

Company Name: _____ Contact: _____

Address: _____ City State, Zip: _____

Phone Number: _____ Fax Number: _____

Sponsor Name: (as it is to appear on sash) _____

Send this application along with a \$95.00 sponsorship check payable to Apple Dumpling Festival to
Konopelski Festivals 94 Park Avenue Sinking Spring PA 19608

OFFICE USE ONLY: CHK# _____ DATE: _____