

Little/Junior/Teen Miss Apple Dumpling Pageant Application - **Deadline: May 21, 2010**
***NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT**

Contestant No. _____ (official use) (check one) Little Miss ___ Junior Miss ___ Teen Miss ___

Contestant Full Name: _____ (include full middle name)

Age: _____ Date of Birth: _____

Address: _____ City State, Zip: _____

Phone Number: _____ Eye Color: _____ Hair Color: _____

E-mail Address: _____

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

1) List interest and hobbies: (instruments, dance, and modeling classes) _____

2) Family Members: _____

3) School and Grade Attending in September: _____

4) Has contestant ever participated in a beauty pageant prior to Little Miss Apple Dumpling? _____

If yes, please explain (This information will not be made available to the judges) _____

5) How Did You Hear About Us?: _____

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

All Little Miss, Junior Miss, Teen Miss Contestants should contact Deb at Color Graphics at 610-775-1964 to have their complimentary photograph taken on either May 14th and 15th or May 21st and 22nd. Contestants who do not schedule with Color Graphics are required to submit their own, non-returnable, photo by May 25, 2010. A close up, head shot is required. Email photos to: heather@konopelski.com

******* Parent Information *******

I have read and fully understand all the rules and regulations as set forth by the Pageant Committee, and further agree to have my daughter present for the judging and crowning events. I, therefore, give my permission for my daughter to participate in the LITTLE, JUNIOR, OR TEEN MISS APPLE DUMPLING PAGEANT. 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)**

Parent/Guardians Name: (Please Print) _____

Parent/Guardians Signature: _____ Date: _____

**Send this application along with a \$50.00 check payable to Apple Dumpling Festival to
Konopelski Katering 94 Park Ave Sinking Spring, PA 19608 by May 21, 2010**