*NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT		
Contestant No(official use)	(check one) I	Little Miss Junior Miss Teen Miss
Contestant Full Name:		(include full middle name)
Age: Date of I	Birth:	
Address:	City State, Zip:	
Phone Number:	Eye Color:	Hair Color:
E-mail Address:		
********* Co 1) List interest and hobbies: (instruments, dan		
2) Family Members:		
3) School and Grade Attending in September:		
4) Has contestant ever participated in a beau	ity pageant prior to Little Miss	Apple Dumpling?
If yes, please explain (This information wi	ill not be made available to the	judges)
********* P I have read and fully understand all the rules and regulation daughter present for the judging and crowning events. I, th Teen or Junior Pagaent		Committee, and further agree to have my
I further understand that all photos sent in or taken during	the competition becomes prop	erty of the Apple Dumpling Festival and may
be used for promotional purposes.		
	Ι	
Parent/Guardians Name: (Please Print)		
Parent/Guardians Signature:		Date:
Send this application along with a \$ Konopelski Festivals 94 Park Ave		

Little/Junior/Teen Miss Apple Dumpling Pageant Application-Deadline April 28th, 2025

Have questions? Please email heather@konopelski.com