***Pinedale Elementary Team Riley Presents***

***Coffee County***

 ***Relay For Life Pageant***

Proceeds Benefiting American Cancer Society

Saturday, April 18, 2015

Pinedale Elementary School

2:00 p.m.

Ages 6 months-21 years

Last day for registration April 15, 2015

For more information:

Kathy Stewart 334-763-0280

kstewart@enterpriseschools.net

THIS IS AN OPEN PAGEANT

you do not have to live in Coffee County to participate

Entry Fee: $50.00 Photogenic: $10.00 (optional)

Admission: Adults $5.00/ Students and Children- $2.00

\*You can pick up an application at the Pinedale school office\*

Pageant Time: 2:00 pm

\*\*\*Sign in begins 30 minutes prior to pageant\*\*\*

 Petite Miss 9-11 years Baby Miss 6 months-1 year Young Miss 12-14 years

Toddler Miss 2 – 3 years Junior Miss 15-16 years

Future Little Miss 4 – 6 years Miss 17-21 years

Little Miss 7 – 8 years

**SPONSORSHIP COMPETITION (OPTIONAL)**

\*There will be an overall Sponsorship Queen from all divisions. This will be determined by the contestant that raises the most money from family, friends and/or corporate donations for the American Cancer Society.

Sponsorship money will be accepted up until April 5th.

\*\* Please note money raised must be turned in to be eligible for the Sponsorship Queen title

The Sponsorship Queen will receive a crown and sash, Sponsorship Queen will also be asked to participate in all Relay events.

**PHOTOGENIC COMPETITION (OPTIONAL)**

There will be a winner in each age division. Photographs may be color or black and white and should be no larger than an 8x10. **Photos should be turned in with the contestant’s application, sealed in a plastic picture protector with contestant’s name and division on back.** \***Please pick up your photos after the pageant\***

 Please read guidelines carefully before completing registration form. Guidelines are based on age division.

1. BABY MISS (ages 6 mo- 1 year.)

 \*Parents are responsible for walking/holding participant on stage while judging takes place. Parent must

 accompany them at all times while on stage.

 \*Suitable Attire: Sunday’s best

1. TODDLER MISS (ages 2-3 yrs)

 \*Suitable Attire: Heirloom dresses.

 \*No make-up

1. FUTURE LITTLE MISS (ages 4-6yrs)

 \*Suitable Attire: Heirloom dresses.

 \*Light Makeup (we know that stage lights can “wash out” facial features)

 This includes lip gloss, light foundation and blush.

1. LITTLE MISS (ages 7-8yrs)

 \*Suitable Attire: heirloom dresses

 \*Light Makeup (we know that stage lights can “wash out” facial features)

 This includes lip gloss, light foundation and blush.

1. PETITE MISS (ages 9-11yrs)

 \*Suitable Attire: pageant style dresses

 \*Age appropriate make-up

1. YOUNG MISS (ages 12-14 yrs)

 \*Suitable Attire: pageant style dress \*Age appropriate make-up

 7. JUNIOR MISS (ages 15-16)

 \*Suitable Attire: pageant style dresses

 \*Age appropriate make-up

8.. Miss (ages 17-21)

 \*Suitable Attire: pageant style dresses

 \*Age appropriate make-up

**THE JUDGES WILL BE AWARE OF GUIDELINES FOR EACH DIVISION AND WILL JUDGE ACCORDINGLY.**

**\*No Entries accepted at the door. No refunds.**

**\*Contestant must compete in the current age group as of the day of the pageant**

**\*All title winners will receive a beautiful crown, and sash**

**\* 1st and 2nd runner-up in each category will receive an award**

**\* Photogenic Winners will receive an award**

**\*People’s Choice winners from each session will receive an award**

**Make all checks payable to the American Cancer Society**

**Applications can be dropped off at the Pinedale Elementary School office, or you can mail them to Kathy Stewart @ 207 Plaza Drive, Enterprise, Alabama 36330**

**For more information on this pageant, please contact**

**Kathy Stewart at 334-347-5460 between 9:50 and 10:30am or call after 3:30pm at**

 **334-763-0280. You can also e-mail any questions to Kathy Stewart @** **kstewart@entepriseschools.net**

**\*\* Please remember this is a benefit pageant, and our primary purpose is to raise money for the American Cancer Society.**

CONTESTANT’S NUMBER WILL BE ASSIGNED AS REGISTRATIONS ARE RECEIVED IN REVERSE ORDER. DEADLINE FOR ENTRY WILL BE MARCH 29th.

 Contestant # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 To be assigned

Age Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contestant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers/Sisters:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two Things I Love:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies/Interests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Book\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite Song\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any family or friends touched by cancer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information you would like the audience to know\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional Competitions: Photogenic YES\_\_\_\_\_ NO\_\_\_\_\_

Contestant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’sName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give consent for my child

 (Parent’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the Annual

 (Contestant)

Relay for Life Pageant. I agree that the judge’s decision is final

and agree to the guidelines stated upon entry. I understand that

this is a non-refundable event. I also accept full responsibility for

my child. This includes my supervision of him/her while at

the pageant as well as public events. I agree that good

sportsmanship will be maintained throughout this event to make

the pageant a success. I also understand that all winners will be

expected to be present at the Coffee County Relay for Life event held at the EOCC field on Friday, April 24, 2015 @ 6:00pm.

Parent/Guardian Signature:

REGISTRATION CHECKLIST

1. Completed Registration Form
2. Registration Fees including any photogenic category if needed
3. Photogenic Photo (if Applicable).
4. Sponsorship form and sponsorship money
5. Parental Consent Form