

Madison County Pageant Entry Form

Please give us much detail as possible when filling out this application. The information provided on this form will be used to create a script for each contestant to be read while she is on the stage.

*Required

What is the contestant's first & last name?* _____

When is the contestant's birthday? (mm/dd/yy)* _____

First and last name of parent or guardian* _____

Street Address* _____

City* _____

Zip Code* _____

Phone Number* _____

Email Address* _____

What is the contestant's age (as of the date of the pageant)?*

___ 0-23 months

___ 10-12 years

___ 2-3 years

___ 13-15 years

___ 4-6 years

___ 16-19 years

___ 7-9 years

Hair Color* _____

Eye Color* _____

Favorite Food* _____

Hobbies* _____

Who is your hero & why? _____

School attending & grade (in the Fall), if applicable* _____

Life goal(s)* _____

MEDIA RELEASE*

By clicking the box, you certify that you are the parent/guardian of named contestant and hereby agree that the Madison County Fair and the Madison County Pageant have the right to take photos, video or digital recordings of you and/or your child and to use those in any and all media, now or hereafter known for the purposes of advertisements and promotions, banners, website, e-mails, mass mailing and online media. You also consent to have your name and/or child's name and identity revealed therein or by description, text or commentary. You waive any rights, claims or interest you may have to control the use of your identity or likeness in whatever media used. The Madison County Fair and the Madison County Pageant is not responsible for any expense or liability incurred as a result of participation, including medical expenses due to any sickness or illness incurred as a result.

____ I agree to the above.

PARENT/GUARDIAN SIGNATURE*

Please type your full name in the box below to indicate your understanding of an agreement to the following: I hereby understand that the Madison County Fair and the Madison County Pageant and its partners and sponsors are not responsible for any accident or injury incurred at the pageant or during travel to and from the Pageant. I understand that there are no refunds. I understand that the judges decisions are final.

(Signature)

(Date)

Email to: kbratysam@gmail.com

Mail to: Samantha Pori
420 Genesee Street
Chittenango, NY 13037