



MISS MANCELONA PAGEANT
PRINCESS (AGE 6-8)

Please note that we will only be accepting the first 10 contestants to complete and turn in their application per age group. This ensures a well-timed pageant and helps ensure each contestant will get her time to shine!

Full Name: _____

Address: _____

Date of Birth: _____ **Guardian Phone/Email:** _____

FAVORITES:

Flower: _____ **Season:** _____ **Movie/Show:** _____

Color: _____ **Book:** _____ **Animal:** _____ **Food:** _____

What school do you attend? _____ **Grade:** _____

Who is your favorite Disney Princess & why? _____

List 4 fun facts about you! _____

Who is your role model and why? _____

Why do you want to be Miss Mancelona Princess? _____

List 3 words your family would use to describe you: _____

What do you want to be when you grow up? _____

What makes someone a good friend? _____

What is your favorite thing about Mancelona? _____

Parents/Guardians Names: _____

Please understand that by signing this application you are committing to make sure that your child is attending all practices and events in preparation for our Miss Mancelona Scholarship Pageant; unless otherwise discussed with pageant coordinator.

Contestant Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____