## 2024 Application

## Baby, Mini, Tiny, Little, Junior, Preteen

Contestant Name:		
Age as of 4/20/2024:	Birthday:	
Phone #:	_ Email:	
Address:		
_		
Guardian(s):		
Attending School (if applicable):		
Hair Color:		
Favorite Food:	Favorite Color:	
Favorite TV Show:		
Favorite Place to Visit:		

Hobbies:			
2024 Application			
7	Teen, Miss, Ms.		
Contestant Name:			
Age as of 4/20/2024:	Birthday:		
Phone #:	Email:		
Address:			
_			
Parent's Names:			

Attending School (if applicable):	
Favorite Book, TV Show, or Movie (circle one):	
Hobbies:	
What is your least favorite chore at home?	
What is the most unusual thing about you?	
What is one piece of advice you would like to share:	

## Baby, Mini, Tiny, Little, Junior, Preteen, Teen, Miss, Ms.

Please complete this form and return it with the application. We need this information in case of an emergency.

Name:	Phone Number:	
Age:		
Address:		
— 1st Guardian Name:		
1st Guardian Home Phone:	1st Guardian Cell Phone:	
2nd Guardian Name:		
2nd Guardian Home Phone:		
Family Physician:	Phone:	
In Case of Emergency Contact:		
1st Contact:		
Name:	Phone:	
Relationship:		
2nd Contact:		
Name:	Phone:	
Relationship:		
Please list any medications currently b	being taken:	
Please list any allergies or other healt	h problems:	
Date of Last TDaP Shot:	_ Insurance:	Policy #:

I give permission for the Miss Shining Star Pageant Com in the event of	nmittee to seek medical care for fan emergency. I also give Emergency			
Service Workers and/or a physician permission to treat _ the medical need would arise.				
I will not hold the Treasure Mountain Festival Association or Miss Shining Star Pageant Committee responsible for any accidents, injuries, or other health issues that may occur.				
Signed:	Date:			
(Contestant if over age 18) (Parent/Legal Guardian if under age 18)				