



Baby Miss Crawford County Pageant Application

Part of the Miss Crawford County Scholarship Pageant Organization

Applicant Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Parent / Guardian Name _____

Address (if different) _____

Phone (if different) _____

Participation Agreement / Liability Waiver

As a participant in the pageant, you will be required to attend an orientation as well as rehearsals leading up to pageant day. All meetings are mandatory.

As a parent / guardian of a child/children participating in the Miss Crawford County Scholarship Pageant and events, I do hereby agree that my child will not act or engage in any activity which is or could be characterized as dishonest or in bad taste. I hereby agree that my child will act responsibly and uphold the rules, regulations and standards of conduct of the Miss Crawford County Scholarship Organization. I do hereby acknowledge and understand that such involvement may require both physical and mental participation as an individual and as a group.

I do hereby for myself and for my representatives, executors hold harmless the Miss Crawford County Scholarship Organization, Inc., their directors, officers, employees, agents and successors from any and all causes of action, suits, judgments, claims, and demands of whatsoever kind, in law or in equity, known or unknown, foreseen or unforeseen, or cause of action. I do hereby assume the risk of any and all activities in which I am so engaged in, directly or indirectly, involving and/or relating to the Miss Crawford County Scholarship Organization, and all pageant-related activities.

If crowned Baby Miss Crawford County, you will be encouraged to make appearances throughout your reign, although not required due to age. You will be asked to attend the 2012 pageant to crown your successor.

Parent / Guardian: Your signature below indicates that you have completed the application and read the waiver of liability and agree to all terms and conditions.

Parent / Guardian Signature _____ Date _____

Printed Name _____ Date _____

Please remember to enclose your check / money order of \$10.00 with your signed application, fact sheet and wallet size photo to MCCSPO, Inc. PO Box 636, Meadville, PA 16335. All forms must be postmarked by September 14, 2011. You will be contacted with further information once your application is received.



**Baby Miss Crawford County
Fact Sheet
Part of the Miss Crawford County Scholarship Pageant Organization**

Full Name _____

Age _____ Birth Date _____

Address _____

Home Phone _____ Cell Phone _____

School Name _____

Siblings / Pets _____

Special Interests _____

Accomplishments _____

Parent Signature _____ Date _____

The pageant will be held on October 1, 2011. Deadline for all paperwork and payment is September 14, 2011. Please submit a wallet size headshot with your entry. Any questions should be sent to Danella Schroeder, MCCSPO Executive Director, at mccspo@yahoo.com.