



# Miss Strawberry Pageant Pageant Registration Form

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

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

Age: \_\_\_\_\_ (on date of pageant)      Tshirt: \_\_\_\_\_ (for pageant contestants only)

Sponsored by: (optional) \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

\_\_\_\_\_ → STOP HERE IF 0-2 ← \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Awards, Activities & Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I will not hold Pageant Directors of the Miss Strawberry Pageant or Town of Thorsby or Thorsby High School responsible for any accidents, injury, or loss which may occur before, during or after the pageant.

ALL Judges Decisions are FINAL! NO REFUNDS ON ENTRY FEES! NO SCORE SHEETS ARE GIVEN OUT!

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_