

1st Annual Cleveland Baby & Miss Firecracker Pageant 2018

Monday, July 2nd 2018
Check-In Begins @ 5:30pm. Pageant Begins @ 6:30pm

Name: _____

Age (Day of Pageant Age): _____ Age Division (Day of Pageant): _____

Date of Birth: _____ Hometown: _____

Parent(s)/Guardian(s) _____

Contact Phone: _____ Email: _____

The following answers will be read during the pageant, please print/type clearly.

First & Middle Name Only: _____

Age: _____ Favorite TV Show or Movie: _____

Favorite Food: _____ Favorite Animal: _____

My favorite thing to do in the summer is: _____

Three words that best describe me are: _____

Please Check All Categories Entering:

_____ Pageant & All Optional Awards (\$35.00)

_____ Pageant only (\$25.00)

Optional Awards (One overall for all age divisions):

Prettiest Smile*Prettiest Hair*Best Personality*Most Photogenic

Entries will be accepted until Wednesday, June 27th 2018.

Mail Forms & Fees To: Town of Cleveland, 6654 Cleveland Road Cleveland, VA 24225. If you would like to pay online, email your entry form to townofclevelandva@gmail.com and we will email you an invoice using Square (additional processing fee applies).

Make Checks Payable to: Cleveland Community Tourism Group. DO NOT mail Cash. (\$50 Returned Check Fee)

Hand deliveries to: Town of Cleveland Town Hall at 6654 Cleveland Road, Cleveland VA 24225

***Mail entry form, fees, and Photogenic photo (if entering) in one envelope, please.**

This form must be signed by a Parent/Guardian if a contestant is under the age of 18 years old. My signature indicates that I agree that the judges' decisions will be final. Furthermore, I understand that neither the pageant nor its entities are responsible for any accident or injury incurred in travel to, from, or at the pageant itself. The contest and his/her parent/guardian will take full responsibility for and agree to release the Town of Cleveland, its affiliates and its entities from all liability for any losses, damages, or debts incurred by or made by the contestant in conjunction with the pageant. I hereby apply as a contestant for one of the titles from the 1st Annual Cleveland Baby & Miss Firecracker Pageant. I agree to abide by all the rules and regulations herein set. No refunds will be given. Bad sportsmanship and/or language will not be tolerated.

Contestant, Parent, or Guardian Signature: _____ **Date:** _____

Contact Us : 276-889-4365

Email: townofclevelandva@gmail.com

Website: www.clevelandva.com

Amount: _____ Check#: _____ Payment Type: CC/ CASH: _____ Date: _____ Staff: _____