



2016 Pageant

Name: _____ Age: _____ DOB: _____

Email Address: _____@_____.com

Age Division: _____ Height: _____

Hair Color: _____ Eye Color: _____

Favorite Movie: _____

Favorite Food: _____

Favorite TV Show: _____

Favorite thing about the fall season: _____

T-Shirt Size: _____

By signing below I agree that; the Sutton Fall Festival, Sutton Community Development Corporation, Town of Sutton, Landmark Studio for the Arts, and Pageant Staff will not be held liable for any lost or stolen items and any accidents. I agree that all decisions and winners are final and at the sole discretion of the judges. I agree that I, my family and friends will show good sportsmanship at all times. If I or any of my family and friends show misconduct in any way we will be asked to leave the pageant without a refund.

Parent Signature: _____ Date: _____
(parent signature required only if contestant is under 18 yrs old)

Applicant Signature: _____ Date: _____

