



# Cuties & Beauties Pageant

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.com

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Age Division: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Sponsors: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite thing about the Fall Season: \_\_\_\_\_

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 be held liable for any lost or stolen items and/or 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: \_\_\_\_\_

Contestant Signature: \_\_\_\_\_ Date: \_\_\_\_\_