

Snow Bash! Queen Pageant

REGISTRATION FORM

Contestant's Full Name: _____ Date Of Birth: _____ Age: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ Zip: _____

School Attending: _____ Grade: _____

Favorite Color: _____ Favorite Food: _____

T-Shirt Size: Youth: _____ Adult: _____

What Would You Like To Be When You Grow Up?

I/We The Parent/Guardian Of The Above Applicant Hereby
Give Consent That All Photos/Media Taken By The SEED Foundation
Are Property Of The SEED Foundation And Will Be Used For Advertising Purposes.

I/We The Parent/Guardian Of The Above Applicant Hereby Give Consent To Participate
In The SEED Foundation Snow Bash! Queen Charity Pageant. If My Child Should Win
a Title, I understand That It Is Her Responsibility To Meet All Requirements And
Appearances As Stated In The Title, Or You May Have To Forfeit Title.

All Judge Decisions Are Final. Any Unsportsmanlike Behavior Will Get You Disqualified.
No Refunds

Dated: _____

Signature of Parent/Guardian

The SEED Foundation
www.theseedfoundation.org
800-805-8283
judy@theseedfoundation.org

Follow us on Facebook
 TSFsouth