

Miss Jackson County RoseBud Pageant

Official Application August 11, 2018 at 1 PM

Deadline: July 27th 2018



Full Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

Hair Color: _____ Eye Color: _____

Favorite TV Show/Movie: _____

Favorite Color: _____

Favorite Food: _____

Favorite Saying: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

Email Address: _____

Parent's Address: _____

Entry Information:

Little Miss RoseBud (Ages 4-6).....\$50.00

Jr. Miss RoseBud (Ages 7-9).....\$50.00

Pre-teen Miss RoseBud (Ages 10-12)\$50.00

Teen Miss RoseBud (Ages 13-15).....\$50.00

Miss Photogenic (all ages).....\$20.00

Total Due: _____

Checks Payable to Jackson County Rose Festival

Send Application and payment to Angela Mast at 11999 Swan View Dr. Brooklyn, MI 49230

Question call 517-748-6232 email: angemast@yahoo.com

I hereby acknowledge that I have read and understand the official rules and regulations of this competition and that I will comply with them in every way. I further understand that violation of such regulations subject me to disqualification and/or forfeiture of all scholarship awards and honors. To the best of my knowledge all personal data as herein set forth is correct.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____