

# Miss Jackson County RoseBud Pageant



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: \_\_\_\_\_