



BRUNSWICK OLD FASHIONED DAYS, INC

P.O. Box 571 ■ Brunswick OH 44212 ■ 330-220-1111

Old Fashioned Days Festival Pageant Contest Application

Please check the court you are applying for:

Little Miss Junior Miss Queen

Please PRINT all information

Date: _____

Name: _____ Date of birth _____ Age: _____

Address: _____

Phone: _____ E-mail Address: _____

Parents (Guardian) Name: _____

Siblings Name and Age: _____

School: _____ Grade for upcoming school year _____

Prior titles held _____

Special Training (music, dance, etc.): _____

Honors or achievements (academic, sports, arts, etc.): _____

Civic and/or Church Activities: _____

Clubs and/or Organizations you belong to: _____

Other Interesting Facts: _____

Plans for the Future: _____

Have your or any family member ever been a contestant of the three titles? _____

If so, who and when? _____

For little miss contestants only:

1. What is your favorite food? _____

2. What is your favorite TV show? _____

For queen contestants only:

Charity of Choice: (eg: Red Cross, Brunswick Ed. Foundation, etc.) _____

In consideration of permission to compete and to use the Brunswick Board of Education grounds and facility, I hereby release Brunswick Old Fashioned Days, Inc. and the Brunswick Board of Education from any claim to damages to either person or property which might arise, and agree to indemnify and hold said parties harmless from any possible liability regardless of whether such liability or damage arises from negligence on their part or from whatever cause. It is also understood that the above hold harmless applies throughout Old Fashioned Days week and my reign, if crowned Queen or an Attendant.

I also agree that prior to the date of this pageant, I have not engaged in any activities, which if disclosed to the public, would bring, or tend to bring, myself into disrepute, ridicule or contempt.

I, the undersigned, acknowledge that I read the forgoing and I have signed this release and that the same is my free act and deed. I also acknowledge that I have been accurate and truthful while completing this application and any falsification may cause my application to be denied. In addition, I acknowledge that submitting this application does not guarantee participation in contestant.

By signing this form, you are agreeing to the stipulations as listed on the following pages, and the supplemental handbook if chosen.

Applicant's Signature: _____

Parent and/or Guardian Signature: _____

Date Received by Pageant Director: _____ Application Number: _____

- Submit
1. Completed application
 2. One wallet size photograph (school pictures are acceptable)
 3. One photo no larger than 5x7 for Miss Photogenic competition

To: Drop off: Countryside Animal Hospital, 2909 Center Road, Brunswick OH 44212
Mail: OFD Pageant Director, PO Box 571, Brunswick OH 44212

(fax and email are accepted but pictures must be submitted separately):

Fax: 330-273-9432

Email: poohbear139813@aol.com