

MISS SPARKLE SUCCESS

Self-Esteem Pageant

P.O. Box 80016, Lansing, MI 48908-0016

Phone: (517) 886-5760 Website: www.MissSparklePageant.com

Pageant Delegate Registration Form

Please include a quality headshot photo.

NAME: (first) _____ (last) _____ (Middle) _____.

Address: _____ Apt. # _____.

City: _____ State: _____ Zip Code: _____.

BIRTHDAY: _____ Age: _____ Height _____ Weight _____.

Phone: (_____) _____ Email: _____.

Where/How did you hear about Miss Sparkle Success? _____.

ACHIEVEMENTS & ACCOMPLISHMENTS:

School/Academy: _____ Advisor _____.

Address/City/State/ZipCode: _____.

Grade Level: _____ GPA: _____ Graduation Date _____.

AWARDS, TALENTS, HOBBIES & INTERESTS:

List any special awards, community service, talents, hobbies and interests. Hobbies and interests should be listed in the order of importance. (**Attach a separate sheet**).

PLEASE NOTE:

Any contestant participating in the Miss Sparkle Success Pageant will not indulge in any activities that will degrade you or the Miss Sparkle Pageant Organization. Such as: Public drunkenness, arrests, immoral behaviors etc. By signing this application, you are agreeing that you are single, do not have any children, not pregnant, or married while participating in Miss Sparkle Success activities. You relinquish any and all rights to file suit against the Miss Sparkle Success Organization and its staff if any such activities occur. Violation of any of these behaviors will create grounds for dismissal.

PARENT SIGNATURE IS REQUIRED FOR CONTESTANTS UNDER 18 YEARS. CONTESTANT MUST RESIDE IN THE STATE WHERE SHE COMPETES AND BE NO MORE THAN 24 YEARS OF AGE AT DATE OF COMPETITION.

BY SIGNING THIS APPLICATION, PARENT/CONTESTANT IS GIVING MISS SPARKLE SUCCESS PERMISSION TO USE PHOTOGRAPHS FOR THE PURPOSE OF COMPETITION AND MEDIA ADVERTISEMENT.

Parent Signature: _____ Date: _____.

Contestant Signature: _____ Date: _____.

Beauty is Within