**2nd Annual**

**Little Miss Falcon Pageant**

December 12, 2015 @1:00pm

**Registration Form**

Contestant’s Full Name \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_

Parent(s) Name Email \_\_\_\_\_ \_\_

Address Parent Phone (\_\_\_\_) -

City Zip Contestant(s) Age

Elementary School Homeroom Teacher

\_\_\_\_\_\_\_Main Pageant Registration Fee $30.00 Check #

\_\_\_\_\_\_\_ Miss Photogenic Entry Fee (must submit picture with registration form) $10.00

\*\*Payment and COMPLETE registration form may be mailed or dropped off at FBHS. \*\*Must be received by **November 302015**

Mail to: ***Little Miss Falcon Pageant***

 ***Flowery Branch High School, 6603 Spout Springs Rd., Flowery Branch. GA 30542***

**\*The following information will used to create your biography, which will be read during the pageant.**

**Please ask contestant these questions & be as detailed as possible with response. Print clearly. Thank you.**

Full name to be announced at pageant

Parent(s) name to be announced

Favorite Subject in school Favorite Hobby/Sport

3 words that describe me:

What do you want to be when you grow up?

Because

If I could a princess for one day I would be:

Because

**For event use ONLY- Please Do Not write in this section**

**Contestant No. Payment Received $ By**

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**Pageant Agreement**

**Please read this to your contestant and sign- Thank you for your participation and support!**

As a Little Miss Falcon contestant, I realize I may not display any of the following behaviors at the pageant:

Defiant behavior to any adult or other contestant or guest

Talking inappropriately to any other contestant (put downs and being mean)

No glitz please; All Natural!

Girls are allowed to wear make-up but please keep it age appropriate. We want to see the girls and not their makeup. **Their natural beauty must still be able to shine through!**

PLEASE KEEP OUTFITS AGE APPROPRIATE.

Contestants MUST come dressed and ready to walk.

\***Contestants can come as early as 11:30am to get pictures and practice walking. This will be an independent practice (parents can assist contestants) but we cannot allow guests into the theater until 12:45. Thank you for your understanding and cooperation.**

By signing this, I am fully aware that if my child or I display any of the behaviors listed above at any time during the pageant my child will not be allowed to participate in the pageant. Entry fee(s) are nonrefundable.

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***Print Parent Name Date***

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***Parent Signature Date***