



# Miss Byrncliff

P A G E A N T

# O F F I C I A L Application Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand my candidacy will include attendance at and participation in the following activities:

- Wed., Aug. 1<sup>st</sup> – Personal Interview & Dinner
- Thurs., Aug. 2<sup>nd</sup> – Appearance at Byrncliff's 40<sup>th</sup> Anniversary Reception
- Sat., Aug. 4<sup>th</sup> – Pageant Rehearsal
- Sun., Aug. 5<sup>th</sup> – Introduction, Talent Competition, Evening Gown Competition, & Spontaneous Question

I understand my candidacy will be judged in the following areas of:

- Interview (40pts), Talent (25pts), & Spontaneous Question/Personality Projection (20pts), Evening Gown/Poise (15pts)

I understand my candidacy will involve collecting sponsorships which will be donated to the Wyoming Community Hospital Foundation.

I understand my candidacy may involve my name and/or photo being used on promotional materials related to the pageant and I give my consent to this.

I understand that Byrncliff may request my assistance at special events throughout the year.

Please list any medical conditions, allergies, or special needs you may have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Your Signature)

(Date)

If under 18, your parent or guardian must also sign below with consent to participate in all activities and allow names and photographs of candidate to be published in publications for pageant related advertisements and promotions.

\_\_\_\_\_

(Parent/Guardian Signature)

(Date)

