



Promoting Scholarship, Leadership & Excellence in S.T.E.M.

CONTESTANT APPLICATION

Miss (15y-18y) _____ Little Miss (11y-14y) _____ Princess (8y-10y) _____

Name: _____ Age: _____

Parents: _____ Phone #: _____

Address: _____

School: _____ Grade: _____

Social Media Pages: _____

School Organizations/Clubs _____

Talents/Hobbies: _____

3 Words that best describe you: _____

Ambition: _____

Jacket Size: S _____ M _____ L _____ XL _____

Sponsored by: _____

Signature: _____

If under 18 Parent/Guardian:

Signature: _____

***By signing, I acknowledge I have read and agree to the rules, regulations, terms and guidelines of the pageant. If my child does not have a google classroom, I give permission for an account to be created. I understand photos will be taken and utilized for advertising and promotion. WOW-NJ is not responsible for any injuries or lost or stolen items.**



Women of Wellness
NEW JERSEY

Photo Release / Consent

I hereby authorize and consent to the taking of photographs & videos of me or my child by Women of Wellness of New Jersey, it's agents/vendors or employees. I hereby authorize & consent to the use of such photographs & videos in connection with newspaper stories, television programs, teaching, research, web sites and publicity about Women of Wellness of New Jersey.

I hereby release Women of Wellness of New Jersey, it's agents/vendors & employees from all liability related to the marketing and use of such photographs & videos.

Parent/Guardian Signature _____

Parent/Guardian Print Name _____

Name of Child _____

Relationship to Child _____

Name of Parent/Guardian _____

Address _____

Phone number _____

***Please return completed application to the address below or email:**