



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

## CONTESTANT APPLICATION

Miss (15y-18y) \_\_\_\_\_ Little Miss (11y-14y) \_\_\_\_\_ Princess (7y-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:**