



JUNIOR MISS LIBERTYVILLE PAGEANT APPLICATION

NAME _____

AGE _____ DATE OF BIRTH _____

HEIGHT _____ EYE COLOR _____ HAIR COLOR _____

SCHOOL _____

GRADE YOU WILL BE NEXT SCHOOL YEAR _____

PARENTS' NAMES _____

SIBLINGS' NAMES & AGES _____

FAVORITES:

FOOD _____ COLOR _____

CHARITY _____ SPORT _____

FLOWER _____ BOOK _____

MOVIE _____ SONG _____

PAST-TIME _____ SCHOOL SUBJECT _____

TV SHOW _____ ACTOR/ACTRESS _____

MUSICAL GROUP _____ VACATION PLACE _____

TELL US ABOUT YOUR MOST FUN EXPERIENCE _____

WHAT PERSON WOULD YOU MOST LIKE TO MEET? _____

TELL US ABOUT YOUR FAVORITE TEACHER _____

TELL US ABOUT YOUR FAMILY (PARENTS, GRANDPARENTS, SIBLINGS, ETC.). LIST ANYTHING THAT IS INTERESTING. _____

LIST ANY ORGANIZATIONS OR SPORTS TO WHICH YOU BELONG, AWARDS YOU RECEIVED, CONTESTS YOU WON, AND ANYTHING YOU FEEL WAS A MAJOR ACCOMPLISHMENT _____

WHAT DO YOU LIKE TO DO WITH YOUR FRIENDS? _____

WHAT DO YOU WANT TO DO IN YOUR FUTUTRE? _____

WHAT DO YOU LIKE MOST ABOUT LIBERTYVILLE? _____

WHERE IS YOUR FAVORITE PLACE IN LIBERTYVILLE? _____

IF YOU WERE TO WIN THIS TITLE, HOW WOULD YOU BENEFIT FROM THE EXPERIENCE? _____

WHY WOULD YOU BE A GOOD JUNIOR MISS LIBERTYVILLE? _____

TELL US ANY ADDITIONAL INFORMATION THAT YOU FEEL MIGHT BE OF INTEREST: _____



Junior Miss Libertyville Pageant Application

I agree that I (participant) meet all the eligibility requirements to be a participant and agree to abide with all the rules set forth in the Official Rules and Information described in the section titled "Junior Miss Libertyville Pageant Rules and Eligibility". I agree that if I am chosen as the Junior Miss Libertyville I will serve as a Libertyville Ambassador and represent MainStreet Libertyville. Furthermore, I agree to and understand that if for any reason I cannot fulfill the expressed duties as described in the rules, violate any rule set forth, or conduct myself in a manner unbecoming of a queen and representative of Libertyville, I will immediately relinquish the title, crown, sash and all prizes awarded upon the direction of the Libertyville Pageant Director at which time the 1st runner up will then be eligible for the title.

PRINTED NAME: _____
(PARTICIPANT)

SIGNED: _____ DATE: _____
(PARENT OR GUARDIAN)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

SUBMIT YOUR COMPLETED APPLICATION ALONG WITH YOUR \$75.00 APPLICATION FEE TO:

LIBERTYVILLE PAGEANTS
C/O BUNNY OTREMBIAK
905 GARFIELD
LIBERTYVILLE, IL 60048

CHECKS PAYABLE TO "LIBERTYVILLE PAGEANTS"