



## LITTLE 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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE HOW YOU WOULD SPEND "THE PERFECT DAY". \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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? \_\_\_\_\_

---

DO YOU HAVE (OR WISH TO HAVE) ANY PETS? \_\_\_\_\_

---

WHAT MAKES YOU REALLY HAPPY? \_\_\_\_\_

---

WHERE IS YOUR FAVORITE PLACE IN LIBERTYVILLE? \_\_\_\_\_

---

WHY DO YOU WANT TO BE LITTLE MISS LIBERTYVILLE? \_\_\_\_\_

---

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

---

---



DRAW US A PICTURE OF WHAT MAKES YOU HAPPY:

A large rectangular area for drawing, featuring a 3D effect with gray shaded corners and a white central space.

TELL US ABOUT IT

A large rectangular box for writing, intended for the respondent to describe what they drew.



## Little 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 "Little Miss Libertyville Pageant Rules and Eligibility". I agree that if I am chosen as the Little 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 1<sup>st</sup> 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"