

Little/Junior/Teen Miss Apple Dumpling Pageant Application-Deadline April ~~28~~th, 2025

\*NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT

Contestant No. \_\_\_\_\_ (official use) (check one) Little Miss \_\_ Junior Miss \_\_ Teen Miss \_\_

Contestant Full Name: \_\_\_\_\_ (include full middle name)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*\*\*\*\* Contestant Information \*\*\*\*\*

1) List interest and hobbies: (instruments, dance, and modeling classes) \_\_\_\_\_

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2) Family Members: \_\_\_\_\_

3) School and Grade Attending in September: \_\_\_\_\_

4) Has contestant ever participated in a beauty pageant prior to Little Miss Apple Dumpling? \_\_\_\_\_

If yes, please explain (This information will not be made available to the judges) \_\_\_\_\_

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\*\*\*\*\* Parent Information \*\*\*\*\*

I have read and fully understand all the rules and regulations as set forth by the Pageant Committee, and further agree to have my daughter present for the judging and crowning events. I, therefore, give my permission for my daughter to participate in the Little, Teen or Junior Pageant

I further understand that all photos sent in or taken during the competition becomes property of the Apple Dumpling Festival and may be used for promotional purposes.

I

Parent/Guardians Name: (Please Print) \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this application along with a \$55.00 check payable to Apple Dumpling Festival to  
Konopelski Festivals 94 Park Avenue Sinking Spring, PA 19608 by April 28th, 2025

Have questions? Please email [heather@konopelski.com](mailto:heather@konopelski.com)