## Miss Apple Dumpling Pageant Application - Deadline: MAY 15<sup>TH</sup>, 2020

## \*NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT

Phone Number:
Contestant Full Name: (include full middle name)
Age: Date of Birth:
Address:City State, Zip:
E-mail Address:
**************************************
1) Name of High School, Years Attended & Graduation Date:
2) Name of College, Major, Years Attended & Graduation Date:
3) Additional Education Background:
4) How Did You Hear About Us:
Height: Weight: Eye Color: Hair Color:
******** Photograph Information ********
Please email a head shot to heather@konopelski.com
**************************************
I hereby give permission for the Apple Dumpling Festival to put the contestants name and photo on the website to compete in the Miss People's Choice Award. Yes / No (Circle one)
Contestant's Signature: Date:
Parent/Guardian's Name: (Please Print)
Parent/Guardian's Signature: Date:
********* Sponsor Information ********
Company Name: Contact:
Address:City State, Zip:
Phone Number: Fax Number:
Sponsor Name: (as it is to appear on sash)
Send this application along with a \$95.00 sponsorship check payable to Apple Dumpling Festival to Konopelski Festivals 94 Park Avenue Sinking Spring PA 19608

OFFICE USE ONLY: CHK# \_\_\_\_\_ DATE: \_\_\_