



# Miss Garrett Jr/Jr. Teen/Teen Pageant Contestant Registration

Name: \_\_\_\_\_

Age as of July 4<sup>th</sup>: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

\_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Will you be performing a Talent?  Yes  No

Talent type: \_\_\_\_\_

Talent song: \_\_\_\_\_

Will you have a sponsor?  Yes  No

Sponsor Name: \_\_\_\_\_

\*\$50.00 Registration Fee is due at first practice.

\*\$10.00 Talent Fee is due at first practice along with the talent song emailed to [missgarrettjtt@gmail.com](mailto:missgarrettjtt@gmail.com).

***Mail to: Miss Garrett Jr/Jr. Teen/Teen Pageant PO BOX 164  
Garrett IN 46738.***

Sincerely, Carmen Ruble Pageant Director