



New York State Scholarship Pageant Entry Form for Preliminary Pageants



Mail all forms to: New York State Cinderella Scholarship Program
Joan B. Rosner- New York State Director
51 Centennial Court
West Seneca, New York 14224

Questions :Phone (716) 675-4766 Email – nyscinderella@aol.com
www.cinderellapageantnys.com

Age Divisions

Cinderella Tiny-Tot (ages 24-36 months) Cinderella Tot (ages 3-6)
Cinderella Mini Miss (ages 7-9) Cinderella Miss (ages 10-12)
Cinderella Teen (ages 13-17) Cinderella Woman (ages 18-26)
Cinderella Infant – (0 – 11 mos.) Cinderella Babies – (12 – 23 mos.)

KINDLY PRINT THE INFORMATION

NAME: _____ AGE: _____ DOB: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PARENTS: _____ CHAPERONE: _____
HOME PHONE: (_____) _____ CELL PHONE: (_____) _____
E-MAIL ADDRESS: _____
PHONETIC SPELLING OF FIRST & LAST NAME: _____
HAIR COLOR: _____ COLOR OF EYES: _____ # OF BROTHERS: _____ # OF SISTERS: _____
SPORTS: _____ HOBBY: _____ FAVORITE COLOR: _____
FAVORITE FOOD (S) _____ PET(S) _____
AMBITION: _____
TALENT: (DESCRIBE) _____
DATE & PAGEANT LOCATION ENTERING: _____

Entry Fee: \$125.00

Please make check or money order payable to Cinderella Scholarship Pageant- New York State

New York State Preliminary Pageant Release Form

As the parents (legal guardian) of the participant at the New York State Cinderella Preliminary Pageant, I do hereby agree to abide by the rules and regulations, directives and provisions for winners and contestants as set forth in the official Cinderella Staging Handbook, and by International Productions & Publications, Inc. I agree to hold International Productions & Publications, Inc. and/or the Cinderella Scholarship Pageant, its directors and staff members harmless of any damages or liabilities due to theft, accident or injury during or resulting from me or my child's participation in the New York State Cinderella Preliminary Pageant. I also accept the full responsibility for the regulation of hours and personal activities of the participant. I understand and agree that should war, an act of God (hurricane, fire, tornado, or any other natural disaster) or an act of Man beyond the control of the Pageant (such as terrorist threat or activity) cause the cancellation of the pageant that said pageant will be cancelled without benefit of any refund; however, the pageant will be scheduled at another time and location. I also confirm that all of the enclosed information and forms are true and correct to the best of my knowledge. I understand that any and all charges to my room during the pageant (phone calls, valet service, room service, etc.) are my sole responsibility and hereby agree to pay such charges immediately upon checking out of the hotel. FURTHERMORE, I hereby state that I have read and understood the rules and regulations governing the payment of scholarship awards, and all other prizes and awards. I understand that any photo(s) taken during or at any Cinderella Function could possibly be used in future publication(s) including but not limited to: program book, media, promotional advertisements, etc. I affirm that all of the information I have provided, including birth date and place of residence, to be correct and true to the best of my knowledge.

PARENT'S / GUARDIAN'S SIGNATURE: _____ DATE: _____
Accepted & agreed to.

APPLICATIONS MUST BE RECEIVED 14 DAYS PRIOR TO THE EVENT.
(Late Fee of \$25.00 applies if late.) Be sure to include a 4 x 6 photo for the Program Book.