

Miss Shrimporee Pageant 2009

Application Form

Pageant Date: Saturday, June 7th, 2:00 PM @ The Aransas Pass Civic Center, 700 W. Wheeler, Aransas Pass

Parent Meeting Date & Location: Wednesday, May 13th, A.C. Blunt Middle School - Library @ 2103 Demory Ln, AP

Time: 5:30 pm

Deadline for entry: Wednesday, May 20th (no late entries will be accepted)

All age groups **except** Miss Shrimporee 16 to 18 yrs. are open to San Patricio and Aransas County districts. Miss Shrimporee is open to only APISD students.

Please submit head shot photo with your application. This photo will be used for judging of the Miss Photogenic. Please submit **one** photo only, no replacement photos will be accepted.

Your signature below authorizes the use of the winning applicants' photo to be submitted in the newspaper.

Parent signature: _____ Date: _____

T-shirt size: (Choose one)

Youth or Adult S M L XL

Entry Fee: \$65.00 per applicant.

Additional siblings \$50.00 per applicant.

Payment due May 20th NO REFUNDS after May 20th

Payment Method: Visa & MC, cash and/or checks accepted. Make payable to:
Aransas Pass Chamber of Commerce. Please mail to 130 W. Goodnight, Aransas Pass, Texas 78336.

Check Enclosed # _____ / _____ MC Visa Other Cash _____

Card #: _____ Exp Date: _____ CVC# _____
(3 or 4 digit # on back)

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Select age group:

_____ Little Miss 4-7 yrs. _____ Jr. Miss 8-12 yrs.

_____ Teen Miss 13-15yrs. _____ Miss 16-18 yrs.

Applicant Name: First _____

Middle _____

Last _____

Parent Contact Name: _____

Address: _____

Contact # _____ or _____

Grade: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Activities/Hobbies: (sport, youth organization etc.)

Participant Signature: _____

Parent/Legal Guardian: _____

Signed Indemnity Agreement must accompany all applications.

For further information contact Chairperson, **Carrie Scruggs at 758-3661** or the
Aransas Pass Chamber of Commerce at 758-2750.

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INDIVIDUAL RELEASE FOR ADULT

As a participant in the Aransas Pass Shrimporee 2009, I acknowledge the risks, and assume personal responsibility for my actions. I hereby release, covenant not to sue and agree to indemnify and hold harmless the **Aransas Pass Chamber of Commerce, Aransas Pass Shrimporee 2009, The City of Aransas Pass, Aransas Pass for Youth**, its agents, employees, officers, sponsors and successors from any claim or liability, which I, my heirs, executors, administrators, or assigns may have or claim to have arising out of any bodily injury, death, or property damage I might sustain relating to activities while participating in the Aransas Pass Shrimporee 2009. I understand that if I am a food vendor there are potential risks involved in cooking and/or serving my food item which include, but are not limited to, burns, cuts, slipping, falling, or lifting heavy items which are heavier than they actually appear. I have read this Indemnity Agreement, Covenant Not Sue and liability Release, and I understand all its terms. I sign it voluntarily and with all knowledge of its legal consequences.

Participant's Signature

Print Name

Date

Address/City/State/Zip

Daytime Telephone Number

INDIVIDUAL RELEASE FOR MINOR

In return for allowing my minor child _____ to participate in Aransas Pass Shrimporee 2009, I acknowledge the risks, and assume responsibility for the actions of my minor child. I hereby release, covenant not to sue and agree to indemnify and hold harmless the **Aransas Pass Chamber of Commerce, Aransas Pass Shrimporee 2009, the City of Aransas Pass, Aransas Pass for Youth**, its agents, employees, officers, sponsors and successors from any claim or liability which I, my heirs, executors, or assigns may have or claim to have arising out of any bodily injury, death, or property damage that my minor child might sustain relating to activities while participating in this program. I have read this Indemnity Agreement, Covenant Not to Sue, and Liability Release and understand all its terms. I sign it voluntarily and with full knowledge of its legal consequences.

Parent/ Legal Guardian Name

Print Minor's Name

Date

Daytime Telephone Number