



4th Annual Little Miss Stratford Pageant

6:00pm, Friday, April 26, 2024
Yellin School Auditorium

Application Requirements:

- ★ **Must be a female Resident of Stratford**
- ★ **Must be 5 to 9 years of age or in Kindergarten through 4th grade inclusive of pageant date.**
- ★ **Must be accompanied by a parent or guardian, when submitting an application.**
- ★ **Must submit an application and birth certificate in person at Stratford Borough Hall no later than Friday, April 5, 2024**

Applications are available at the Stratford Borough Hall and in the main offices at Parkview and Yellin Schools, Sterling High School and on the Stratford Borough Website:
<https://stratfordnj.org/miss-stratford/>

For more information please contact the Stratford Borough Hall at (856) 783-0600 or email Director of Public Events, Councilwoman Dawn Martin, at dawnmartin@stratfordnj.org

4th Annual Little Miss Stratford Pageant 2024

BY AUTHORIZATION OF THE MAYOR AND COUNCIL OF THE BOROUGH OF STRATFORD,
UNDER THE DIRECTION OF COUNCILWOMAN DAWN MARTIN, DIRECTOR OF PUBLIC EVENTS

Application for Participation

Qualifications:

- ★ Must be a female resident of Stratford
- ★ Must be 5 to 9 years of age or in Kindergarten through 4th grade inclusive of pageant date.
- ★ Must be accompanied by a parent or guardian, when submitting an application.
- ★ Must submit an application and birth certificate in person at Stratford Borough Hall no later than **Friday, April 5, 2024**

General Information for Contestants:

- ★ Practice dates and times will be announced after application deadline.
- ★ Mandatory dress rehearsal for all contestants will be **Thursday, April 25** at Yellin School Auditorium. (Time to be determined)
- ★ All contestants must be at Yellin School by 5:30pm on Pageant Night, April 26.
- ★ Dress for Pageant Final Competition:
 ♡ Casual Outfit ♡ All About Me Outfit and Props ♡ Evening Gown
- ★ Contestants will be judged on the following:
 ☆ Appearance ☆ Personality ☆ Public Speaking
 ☆ Poise ☆ Creativity ☆ Community Service

Admission is Free...

Additional information may be obtained by calling the Borough Hall at (856) 783-0600



PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Contestant's Name _____ Birthdate ___ / ___ / ___
Address _____ Cell Phone _____

The signature of the contestant and one of her parents or guardians on the spaces below indicate their understanding and agreement that the decision of the judges shall be final and that the Borough of Stratford and the Miss Stratford Pageant Committee do not accept responsibility for anything not specifically stated on the application form. The signature of the contestants parent or guardian shall also indicate his or her permission for the contestant to participate in the Pageant. Signatures below certify **ALL** the above information is correct. Incorrect data is the cause for disqualification.

Signature of Contestant

Signature of Parent or Guardian

Date

Information Form

Name: _____

Address: _____

Age: _____

School: _____

Activities/Clubs/Hobbies:

Personal Achievements:

Community Service:

Bring this form with you to rehearsal

