67th Annual Miss Stratford Pageant 8:00pm, Friday, April 26, 2024 Yellin School Auditorium

Application Requirements:

★ Must be an unmarried female Resident of Stratford

- ★ Must be a high school student or recent 8th grade student 13-19 years of age
- ★ Must be accompanied by a parent or guardian, if the contestant is 18 years of age or younger 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

67th Annual 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:

Address

- ★ Must be an unmarried female Resident of Stratford
- ★ Must be a high school student or recent 8th grade student 13-19 years of age
- ★ Must be accompanied by a parent or guardian, if the contestant is 18 years of age or younger when submitting an application.
- ★ Must submit an application and birth certificate in person at Stratford Borough Hall no later than <u>Friday</u>, <u>April 5</u>, <u>2024</u>

General Information for Contestants:

\bigstar	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 determine	ed)			
*	All contestants must be at Yellin School by 7:00 pm on Pageant Night, April 26.					
*	Dress for Pageant Final Competition:					
	Casual Outfit	All About Me	Outfit and Props	\bigcirc Ev	vening Gown	
*	Contestants will be judged on the following:					
	Appearance	Personality	Public Spe	eaking		
	Poise	Creativity	☆ Communi	ty Servi	ce	
		Admission i	s Free			
dd	ditional information n	nay be obtained by c	alling the Boroug	h Hall a	at (856) 783-0	600
J I	PLEASE PRINT O	R TYPE THE FO	LLOWING INF	ORMA	 TION:	-
_		<u> </u>				
Contestant's Name			Birth	date	_//	

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 <u>ALL</u> the above information is correct. Incorrect data is the cause for disqualification.

Cell Phone

Signature of Contestant	Signature of Parent or Guardian	Date

Information Form

Name:	
Address:	
Age:	School:
Activities/Clubs/Hobbies:	
Personal Achievements:	
Community Service:	