

# BEACHCOMBER DAYS ROYAL COURT 2020 APPLICATION



Please return to:

Ms. Sue Bennett

Waldport Library, 460 Hemlock, Waldport, OR 97394

sbeebe1@gmail.com

Name: _____	Age: _____
Parents: _____	Phone #: _____
Address: _____	
School: _____	Grade: _____
School Organizations/Clubs: _____	
_____	
_____	
Talents/Hobbies: _____	
_____	
_____	
3 Words that best describe you: _____	
How do you see yourself promoting the festival:	
_____	
_____	
GPA: _____	
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large	

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ hereby give permission for my child to try out for the 2020 Beachcomber Days Royal Court. If my child is selected to be a member of the 2020 Beachcomber Days Royal Court, I understand the role and responsibility that my child will need to perform as well as the required appearances. I also understand that the parental involvement will be necessary if my child is selected as a member of the 2020 Beachcomber Day Royal Court. I have also reviewed the necessary criteria with my child and understand that failure to follow criteria will result in immediate removal from the 2020 Beachcomber Day Royal Court. Further, I give permission for names (contestant and parent/guardian), street address, town/city, school, age of contestant and pageant photos to be released to the press.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Parent/Guardian: \_\_\_\_\_

I, \_\_\_\_\_, have reviewed the necessary criteria with my parent/guardian and agree to follow the criteria during the royal court's activities and if selected to the 2020 Beachcomber Days Royal Court, will also follow the criteria during the required appearances. I understand that failure to follow criteria will result in immediate removal from the 2020 Beachcomber Days Royalty Court.

Signature of Contestant: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Contestant: \_\_\_\_\_