

EPHRAIM BEE FESTIVAL PAGEANT 2024



Saturday, July 20, 2024 **Contestant Application**

Age as Jan 1, 2025: Queen Division \$100 (Ages 16-21): Teen Division \$50 (Ages 13-16):			
Contestant Name:			
Address:			
Phone:	E-mail:		Shirt Size: XS S M L XL 2X
Birth Date:	Age at pageant	Hair Color:	Eye Color:
School/Employer:			Grade:
Honors, Talents, Sport	ts, School & Community Activ	vities:	
Future Goals:			
Please List All Social I	Media/Handles :		
Most Memorable Mom	nent:		
Favorite Food:		Song:	
Favorite Movie/TV Sho	ow:		
Celebrity Role Model:		Why	?
If you are selected as	a titleholder, will you be avail	able to attend festive	al related functions and events?
Contestant Signature:	Parent/Guardian :		

Please return application, \$100/\$75 non-refundable entry fee (payable to Doddridge County Chamber of Commerce), Age Verification Documentation (copy of driver's license or birth certificate) and Photo (head and shoulders please) to:BeeFestivalPageants@gmail.com by July 14, 2024.

^{**}Note: Entry Fee will be refunded if you win another Fairs & Festivals pageant held prior to our pageant. **