

**MISS NATIONAL PEANUT FESTIVAL PAGEANT RULES**

1. All contestants will be judged on Appearance, Poise, Communication Skills (both written and verbal), Personal Interview, and Knowledge of Peanuts.
2. A contestant shall not have previously competed in the Miss National Peanut Festival Pageant.
3. **CONTESTANTS MUST BE OF GOOD MORAL CHARACTER. THEY MUST NOT BE PREGNANT NOR HAVE GIVEN BIRTH TO A CHILD. THEY MUST BE CLEAR OF ANY PENDING JUDICIAL CASE(S) FILED AND NEVER CONVICTED OF ANY CRIMES.** If any of these conditions change, the contestant must notify their local pageant chairman immediately and should understand that this will affect their eligibility. All issues regarding the moral character of a contestant must be handled by the local sponsor.
4. Contestants must be single, never married and between the ages of 17 and 21.
5. All contestants must attend and participate in every practice session, rehearsal and all other events conducted in connection with, or in any way associated with, participation in the Miss National Peanut Festival Pageant. Contestants must also be prompt to begin rehearsal at the times designated. Failure to do so may result in immediate dismissal from the pageant at the sole discretion of the Board of Trustees of the National Peanut Festival. **JUDGES WILL BE MADE AWARE OF ANY CONTESTANT WHO DOES NOT COMPLY WITH THESE RULES.**
6. **CONTESTANTS WILL BE DISQUALIFIED IF THEY ARE FOUND TO BE IN POSSESSION OF: COMMUNICATION DEVICES (CELLULAR PHONES, LAP TOPS, IPODS, ETC.), ALCOHOL, TOBACCO, OR NARCOTICS WHILE PARTICIPATING IN THE MISS NPF PAGEANT EVENTS.**
7. **THE FESTIVAL RESERVES THE RIGHT TO DISQUALIFY A CONTESTANT IF ANY SUBMITTED FORMS ARE FOUND TO BE FALSIFIED.**
8. Each local contest sponsor who sends a contestant to the National Peanut Festival Pageant must make provisions for a float for their contestant in the National Peanut Festival Parade to be held on Saturday, November 11<sup>th</sup>, 2017.
9. Failure to comply with these rules can result in disqualification of contestant from the Miss NPF Pageant.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE:

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
CONTESTANT'S SIGNATURE:

Contestant #: \_\_\_\_\_

## **PERSONAL INFORMATION SHEET**

SUBMIT SIX (6) COPIES OF THIS FORM!

CONTESTANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

CONTESTANT'S TITLE: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

HONORS: \_\_\_\_\_  
\_\_\_\_\_

HOBBIES OR INTERESTS: \_\_\_\_\_  
\_\_\_\_\_

3 WORDS THAT BEST DESCRIBE YOURSELF: \_\_\_\_\_  
\_\_\_\_\_

WHAT ONE THING WOULD YOU CHANGE ABOUT YOURSELF? \_\_\_\_\_  
\_\_\_\_\_

LIST TWO THINGS YOU LIKE: \_\_\_\_\_

LIST TWO THINGS YOU DIS-LIKE: \_\_\_\_\_

WHAT ARE YOUR CAREER GOALS? \_\_\_\_\_  
\_\_\_\_\_

HOW AND WHERE DO YOU SEE YOURSELF IN 10 YEARS? \_\_\_\_\_  
\_\_\_\_\_

SIZE/POPULATION OF TOWN/CITY/AREA/COUNTY: \_\_\_\_\_

COMMUNITY ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_

Contestant #: \_\_\_\_\_

**ENTRY FORM**

SUBMIT ONE (1) COPY OF THIS FORM!

CONTESTANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

CONTESTANT'S TITLE: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE AS OF OCTOBER 1, 2017: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ CELL NO.: (\_\_\_\_) \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

(If either parent is deceased, please note. If divorced, please indicate how you prefer their names listed, and include addresses for both parents.)

HIGH SCHOOL/COLLEGE ENROLLED/ATTENDING AS OF JUNE 2017  
\_\_\_\_\_ CLASS: \_\_\_\_\_

PAGEANT SPONSORED BY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NO.: DAY (\_\_\_\_) \_\_\_\_\_ NIGHT (\_\_\_\_) \_\_\_\_\_

I ACKNOWLEDGE THAT I HAVE READ THE OFFICIAL RULES AND REGULATIONS OF THE PAGEANT, AND I AGREE TO ABIDE BY THEM IN EVERY WAY, AND THE PERSONAL DATA HEREIN SET FORTH IS CORRECT.

CONTESTANT'S SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

PAGEANT SPONSOR'S SIGNATURE: \_\_\_\_\_

Contestant #: \_\_\_\_\_

**CERTIFICATE OF HEALTH**

SUBMIT ONE (1) COPY OF THIS FORM!

CONTESTANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

CONTESTANT'S TITLE: \_\_\_\_\_

(THE FOLLOWING IS TO BE COMPLETED BY YOUR PHYSICIAN. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.)

I have examined \_\_\_\_\_, who will represent the area of \_\_\_\_\_ in the Miss National Peanut Festival Pageant and have found nothing that will limit her participation in activities relating to the program, i.e., rehearsals, dance routines, physical fitness, schedules, excitement, or any other such activity relating to competition for the title of Miss National Peanut Festival.

\_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE LIST ANY LIMITATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IN CASE OF AN EMERGENCY, YOUR DAUGHTER WILL BE TAKEN FOR TREATMENT AND/OR OBSERVATION. PLEASE SUBMIT THE FOLLOWING:

INSURANCE CARRIER: \_\_\_\_\_

POLICY/GROUP/BIN NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

POLICY HOLDERS SIGNATURE: \_\_\_\_\_

Contestant #: \_\_\_\_\_

**MEDICAL HISTORY**

**SUBMIT ONE (1) COPY OF THIS FORM!**

**CONTESTANT'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

**CONTESTANT'S TITLE:** \_\_\_\_\_

**The following information is needed in the event of any injury or sickness. It will be kept strictly confidential unless there is a need to share the information with an attending physician.**

**Emergency Contact:** \_\_\_\_\_

**Telephone No. Home:** (\_\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_\_) \_\_\_\_\_

**Private Physician (Name):** \_\_\_\_\_

**Office Telephone No.:** \_\_\_\_\_

**Medical History (seizures, asthma, etc.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Medications (Please list all medications that will be brought to the pageant.):**

\_\_\_\_\_  
\_\_\_\_\_

**I (we) agree that my (our) daughter, \_\_\_\_\_ is on the above medications. I understand that she is allowed to take only the above medications during the pageant unless additional medication is ordered by a physician during the pageant.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

Contestant #: \_\_\_\_\_

## **SCHOLARSHIP APPLICATION**

SUBMIT SIX (6) COPIES OF THIS FORM!

There are several scholarships available to the 2017 National Peanut Festival Pageant Winners and Contestants. These scholarships will be awarded to certain designated winners and to others who display scholastic ability.

CONTESTANT'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

CONTESTANT'S TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ SCHOOL CLASS (As of 10/1/17): \_\_\_\_\_

SCHOOL ATTENDING (2017/2018 School year): \_\_\_\_\_

MOST RECENT CUMULATIVE GRADE POINT AVERAGE: \_\_\_\_\_

MOST RECENT SAT AND/OR ACT SCORE: \_\_\_\_\_

COLLEGE OR UNIVERSITY YOU WISH TO ATTEND: \_\_\_\_\_

WOULD YOU ACCEPT A SCHOLARSHIP FROM ANOTHER SCHOOL? \_\_\_\_\_

WHAT IS YOUR PROPOSED MAJOR? \_\_\_\_\_

1. WRITE A STATEMENT, IN YOUR OWN HANDWRITING AND OF NOT MORE THAN 25 WORDS, EXPLAINING WHY YOU CHOSE THIS MAJOR AND WHAT YOU INTEND TO DO AFTER COMPLETION OF YOUR EDUCATION. (ATTACH TO THIS APPLICATION WITH A PAPER CLIP. PUT NAME AND CONTESTANT TITLE ON YOUR PAPER. **PLEASE SEND 6 COPIES.**
2. PLEASE HAVE YOUR PRINCIPAL OR GUIDANCE COUNSELOR WRITE A PERSONALITY AND ACADEMIC EVALUATION ABOUT YOU. THIS MUST BE **RECEIVED BY THE NATIONAL PEANUT FESTIVAL OFFICE NO LATER THAN JUNE 23 2017.**
3. PLEASE HAVE YOUR SCHOOL MAIL YOUR OFFICIAL TRANSCRIPT WITH ALL AVAILABLE TEST SCORES (ACT, SAT, ETC.) TO THE NPF OFFICE, 5622 U.S. HWY. 231 SOUTH, DOTHAN, AL. 36301.

Contestant #: \_\_\_\_\_

**PHOTO RELEASE**

**SUBMIT ONE (1) COPY OF THIS FORM!**

\_\_\_\_\_  
**CONTESTANT'S NAME**

\_\_\_\_\_  
**CONTESTANT'S TITLE**

**I (we), the parent(s)/guardian(s) of \_\_\_\_\_ give our consent for her photographs to be used in newspapers, magazines, television, and on the National Peanut Festival website and in any other legitimate news media for the benefit of the National Peanut Festival Association, Inc.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**  
\_\_\_\_\_

Contestant #: \_\_\_\_\_

## **PHOTO PAGE**

**SUBMIT SIX (6) COPIES OF THIS FORM WITH PHOTOGRAPH MADE BY THE OFFICIAL NPF PHOTOGRAPHER, ATTACHED TO EACH COPY.**

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**CONTESTANT'S NAME**

---

**CONTESTANT'S TITLE**

**PLACE  
4" X 6"  
PHOTO HERE**

**(THIS PICTURE MUST BE THE  
ONE MADE BY THE OFFICIAL  
NPF PHOTOGRAPHER)!  
NO EXCEPTIONS!**



Contestant #: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING AGREEMENT**

**SUBMIT ONE (1) COPY OF THIS FORM!**

\_\_\_\_\_  
**CONTESTANT'S NAME**

\_\_\_\_\_  
**CONTESTANT'S TITLE**

**We agree that in the event our contestant is chosen Miss National Peanut Festival, that she will abide by the rules and regulations as set forth in the Statement of Understanding on Pages 26 through 27 of this manual and that she will represent the National Peanut Festival and the peanut industry for 12 months after her selection, regardless of other conflicting interests.**

\_\_\_\_\_  
**SPONSORING ORGANIZATION**

\_\_\_\_\_  
**SIGNATURE OF SPONSOR**

\_\_\_\_\_  
**DATE**

**We agree that in the event our/my daughter (or ward) is chosen Miss National Peanut Festival, that she will abide by the rules and regulations set forth in the Statement of Understanding on Pages 26 through 27 of this manual and that she will represent the National Peanut Festival and the peanut industry for 12 months after her selection, regardless of other conflicting interests.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

Contestant #: \_\_\_\_\_

# MISS NATIONAL PEANUT FESTIVAL SCHOLARSHIP FORM

SUBMIT (1) COPY OF THIS FORM FOR EACH DONOR!

\_\_\_\_\_  
CONTESTANT'S NAME

\_\_\_\_\_  
CONTESTANT'S TITLE

I AGREE TO DONATE \$ \_\_\_\_\_ TO THE SCHOLARSHIP FUND FOR THE 2017 MISS NATIONAL PEANUT FESTIVAL PAGEANT. SCHOLARSHIP DOLLARS WILL BE DISTRIBUTED TO FINALIST AND WINNER OF THE PAGEANT.

TO INSURE PROPER CREDIT IN THE SOUVENIR PROGRAM FOR YOUR SCHOLARSHIP DONATION, PLEASE BE SURE TO COMPLETE THE FOLLOWING:

NAME OF BUSINESS: \_\_\_\_\_

NAME OF AGREEING PARTY: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AGREEING PARTY

\_\_\_\_\_  
DATE

***REMINDER: ALL FORMS AND SCHOLARSHIP DONATIONS ARE DUE ON FRIDAY, JUNE 23, 2017 FROM 1:00 PM TO 4:00 PM AT NPF VOLUNTEER BUILDING.***