

Miss Viking Fest Contestant Application

NAME: _____

ADDRESS: _____

PHONE: _____ BIRTHDATE: _____ AGE: _____

SCHOOL: _____ GRADE: _____ STUDENT #: _____

Please answer the following questions *(on a separate sheet of paper typed)*:

List any honors and awards you have received

List any activities you are involved in (school, church, and community)

Tell us about your family

Tell us about yourself

On a separate sheet of paper *(typed)*, in 250 words or less please explain why you would like to be Miss Viking Fest.

REQUIREMENTS

- Applicant must be at least 15 years of age and no older than 19 years of age with in the reigning year.
- Applicant must be a resident of North Kitsap County or attend school in the North Kitsap area.
- Applicant must still be attending school with at least a 2.5 GPA.
- Upon winning applicant agrees to reside in the North Kitsap Area, and/or be available throughout her reign.

By signing this application, I agree to participate and be available for all Miss Viking Fest event's. I agree to hold harmless the Miss Viking Fest Pageant, Viking Fest Corporation, or any committee member from any action resulting from my participation in the Miss Viking Fest Pageant. I give my consent for my GPA to be verified.

Signature of Applicant

Date

Signature of Parent or Guardian
if participant is under 18 years of age

Date