



Inaugural Louisiana Rose Festival Pageant

Contestant # _____ Division: _____

(Pageant Use Only)

Name: _____

Date of Birth: __/__/____ Parents: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

Hair Color: _____ Eyes: _____

School (if attending): _____ Grade/Classification: _____

Major (if applicable): _____

Organizations/Clubs/Honors/Awards: _____

Ambition: _____

Hobbies: _____

Favorite Color: _____ Favorite Movie or Book: _____

3 Words to describe your hometown: _____

Sponsored by: _____

Mail/Email forms & Payments to:

**Erin Ann Peavy
1585 Simmons Rd
DeRidder, La 70634**

**Email: larosefest@gmail.com
Pay-Pal: erinpeavy@bellsouth.net (friends & family ONLY)
Venmo: Erin-Peavy**

If paying by PayPal, please put the contestant's name, age, parent name & email in the memo area

Please make checks payable to **Erin Ann Peavy with La Rose Fest in memo area**

NO REFUNDS!!!!

I agree that the Louisiana Rose Festival, Louisiana Rose Festival Committee or Rosepine Elementary will not be held responsible for accidents, injury, theft, or loss that may occur before, during, or after this event to me or my guests. I will conduct myself in a becoming manner. Any unsportsmanlike conduct will not be tolerated, and you will be asked to leave without a refund. I also give the pageant committee permission to use any photos taken of me during the pageant and/or festival for publishing and/or promotional and advertisement purposes. I have read ALL rules, regulations, and general information and the information on this entry form is true and correct to the best of my knowledge.

SIGNED: _____ DATED: _____