

*THE
PREMIERE PAGEANTS
PRESENTS
APPLICATION
FOR PRELIMINARIES TO THE
MISS COMMONWEALTH
NATIONAL SCHOLARSHIP
PAGEANT*



2006 National Overall Supreme
Skyler Bailey

Pageant Information:

Norman Humphrey

300 South Pine Street

Richmond, Va. 23220

Phone:(804) 643-1707

E-Mail: NTHumphrey@aol.com

Web Site: PremierePageants.net

PREMIERE PAGEANTS, INC.

PRESENTS

Colonial Heights

November 11, 2006

PAGEANT INFORMATION

1. **The pageant interviews begin at 12:30 and the show at 3:30 pm.**
Location: Highland Springs United Methodist Church, 22 North Holly Ave,
Highland Springs, Va. 23075
2. Further information is available by calling Mr. Humphrey at 643-1707 or
E-mail Address is: NTHumphrey@aol.com and Web Site: PremierePageants.net
3. All contestants must fill out the enclosed **Application** and **Resume** and return them to Mr.
Humphrey with a signed copy of the **Rules and Regulations and the appropriate fee** by the
deadline: **Seven days before the pageant**, in order to compete.
4. All entries **must include** a photograph for the pageant program.
This must be 2.5" x 3.5" and **will not be returned**.
5. All contestants except Baby Miss compete in the basic pageant categories including interview,
Casual wear, photogenic, gown and on-stage question. Baby Miss Competition is in party attire,
Casual wear and photogenic.
6. In order to win the Supreme Queen title, a contestant must compete in all the basic pageant
categories and the talent category plus one optional or two optionals.
7. In gown competition, a long gown is required for ages 8 and above.
8. Contestants wishing to participate in talent must fill out the **Talent Form** enclosed herein and
return it with the other application materials.
9. Contestants wishing to purchase advertising pages in the Pageant Program Book and compete for
Hospitality Queen are referred to the **Hospitality Queen Award** page enclosed herein.
All materials and fees for the advertising must be received by the deadline.
10. Contestants can do any of the optionals unless it is stated for certain age group or pageant.

**All payments must be made by cashier's check, business check or money order made out to
Premiere Pageants, Inc.**

DEADLINE IS: SEVEN DAYS BEFORE THE PAGEANT!

APPLICATION

PAGEANT NAME: _____

AGE CATEGORIES (Check one)

Age is as of the day of the pageant.

Infant Miss, 0 - 10 months _____
Baby Miss, 11 - 18 months _____
Mini Miss, 19 - 35 months _____
Wee Miss, 3 years _____
Tiny Miss, 4 - 5 years _____
Little Miss, 6 - 7 years _____
Petite Miss, 8 - 9 years _____
Pre-Teen, 10 - 11 years _____
Junior Miss, 12 - 14 years _____
Teen Miss, 15 - 17 years _____
Miss, 18 - 24 years _____

Infant Boy, 0 - 10 months _____
Baby Boy, 11 - 18 months _____
Mini Boy, 19 - 35 months _____
Tiny Master, 3 - 5 years _____
Little Master, 6 - 8 years _____
Master, 9 - 11 years _____

NAME: _____ **SSN:** _____

ADDRESS: _____

PHONE: _____ **BIRTHDAY:** _____ **AGE:** _____

PARENT'S NAME: _____

SPONSORS: _____

Fees:

Pageant, 4 – 24 years \$150.00 \$ _____

(Pageant fee includes Casual wear, Gown Photogenic and Interview Competitions)

Pageant, 0 – 3 years \$100.00 \$ _____

Irish Costume (Shamrock) Optional \$25.00 \$ _____

Talent Optional \$50.00 \$ _____

Christmas Outfit (Christmas Angel) Optional \$25.00 \$ _____

Portfolio Optional \$25.00 \$ _____

Written or Public Speaking Essay Optional \$25.00 \$ _____

Western Wear Optional \$25.00 \$ _____

Runway Modeling Optional \$25.00 \$ _____

Commercial / Drama Optional \$25.00 \$ _____

Parent / Child Optional \$30.00 \$ _____

Sleepwear (Ages 0 – 3) Optional \$25.00 \$ _____

Sportswear (Sports Related Attire) Optional \$25.00 \$ _____

GRAND TOTAL \$ _____

Final payment is due: SEVEN DAYS BEFORE THE PAGEANT. All payments must be made by cashier's check or money order made out to Premiere Pageants, Inc.

NO PERSONAL CHECKS!

RESUME

PAGEANT NAME: _____

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Name: _____

Age: _____ **Place of Birth:** _____

TINY - LITTLE - PETITE – DIVISION

1 Your favorite Book: _____

2 Your favorite Food: _____

3 Your favorite Ice Cream: _____

4 Your favorite Movie: _____

5 Your favorite TV show: _____

6 Your Vacation Spot: _____

7 Ask Me About: _____

PRETEEN – JUNIOR – TEEN - DIVISION

1 Your favorite Singer or Group: _____

2 Your favorite Sport: _____

3 Your favorite Vacation Spot: _____

4 Your Role Model: _____

5 Your favorite School Subject: _____

6 Any special Training or Talent: _____

7 Academic Achievements: _____

8 Ambitions: _____

9 Community Service: _____

10 Ask me about: _____

TALENT FORM

PAGEANT NAME: _____

NAME _____

DIVISION _____

DESCRIPTION OF TALENT:

Sing _____

(Need wireless mic: hand held: _____, clip on: _____.)

Monologue _____

Dance (Type of Dance & Music) _____

Musical Instrument (Type of instrument & Music) _____

Gymnastics (Music) _____

Baton Twirling (Describe Routine & Music) _____

Other (Explain) _____

Accompaniment: _____Tape _____Piano _____Other

TALENT TIME LIMIT: 3 MINUTES (1 POINT TAKEN OFF TOTAL SCORE FOR EVERY 15 SECONDS OVER 3 MINUTES)

Please have a cassette tape with your name and the title of the song to be played.

Record on Side A only and cue to the beginning of the tape.

Only one song per tape.

HOSPITALITY QUEEN AWARD

Points toward the Hospitality Queen Award come from advertising sales.

Advertising:

<u>Page</u>	<u>Cost</u>	<u>Points</u>
Back Cover	\$70.00	200
Back Cover With Picture	\$80.00	250
Inside Front Cover	\$60.00	150
Inside Front Cover With Picture	\$70.00	175
Inside Back Cover	\$60.00	150
Inside Back Cover With Picture	\$70.00	175
Full Page Ad	\$30.00	125
Full Page Ad With Picture	\$40.00	150
Half-Page Ad	\$25.00	75
Half-Page Ad With Picture	\$35.00	100
Quarter-Page Ad	\$20.00	50
Quarter-Page Ad With Picture	\$30.00	75
Calling Card Ad	\$10.00	40
Gifts for Queens		100

RULES AND REGULATIONS

PAGEANT NAME: _____

PART ONE – GENERAL:

Contestants, parents and/or guardians are expected to follow the instructions and directions of Mr. Humphrey and his staff.

Good conduct and good sportsmanship is expected of **EVERYONE** at all times.

Contestants should be lined up to enter stage as directed.

While waiting your turn to enter the stage, please remember to be **quiet in the waiting area**. Outside noise is very distracting to the contestants on stage, judges and guests.

Pageant winners may not represent this title in any appearance without prior approval from Mr. Humphrey. Violation of this rule will cause the immediate forfeiture of title, crown, sash, & all other winnings to the first runner up in their division.

No contestant may be or have ever been married. She may not be pregnant or have ever given birth to a child or be a parent. If you win the pageant and any of these conditions occur, you will notify the director immediately and understand that it could affect your eligibility.

PART TWO – JUDGING:

The decision of the judges is final! No talking to judges during pageant.

Mr. Humphrey is the only person authorized to discuss scores with the contestant and her parent (s) and/or guardian. Inquiries regarding other contestant's scores will not be acknowledged.

Contestants should allow 7 to 10 days before receiving their scores or discussing their scores with Mr. Humphrey. **Contestant must supply self-addressed stamped envelope for scores.**

I HAVE READ, UNDERSTAND & WILL ABIDE BY THE ABOVE RULES & REGULATIONS

Parent and/or Guardian Signature

Date

Contestant Signature

Norman Humphrey, Director

Recommendations

Name: _____ Age Division: _____ Total: _____

All wrong names and address will come back to the office as incorrect, so please do not submit “made up” names and addresses.

You may copy this form if additional space is needed.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
AGE: _____	AGE: _____

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
AGE: _____	AGE: _____

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
AGE: _____	AGE: _____

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
AGE: _____	AGE: _____

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
AGE: _____	AGE: _____

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
AGE: _____	AGE: _____