



Portugal Day Committee

Elizabeth, New Jersey

P.O. Box 6738, Elizabeth, New Jersey 07206-6738 ❖ Tel: (908) 347-4209
info@ElizabethPortugalDay.com ❖ www.ElizabethPortugalDay.com

Pageant Application 2017

*There is a \$20.00 registration fee in order to participate in the pageant, this is to help cover small costs. This is **not** refundable.*

*Há um custo de matrícula de \$20.00, para cada participante no concurso. Isto é para ajudar com o custo das faixas para cada participante manter como uma lembrança. A taxa de inscrição **não** é reembolsável.*

CONTESTANT INFORMATION/ INFORMAÇÃO DA CONCORRENTE

Contestant Name/ Nome da Concorrente: _____

Phone Number/Numero de Telefone: (_____) _____

Emergency Phone Number: (_____) _____

E-mail: _____

Parents' Names/ Nomes dos Pais: _____ and/e

Address/Endereço: _____

City/Cidade: _____

Zip Code: _____

Allergies/Medical: Yes or No

If yes, please list: _____

This application will be read aloud to the audience on the day of the pageant.

COMMITTEE MEMBERS ONLY: Check Off Items:

___ Application ___ Contract Signed by Parent/Contestant (if over age of 18)

___ Traje Form

Contestant Number _____ Contestant Representation _____



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This application will be read aloud to the audience on the day of the pageant.
It will also be provided to the judges for your interview section of the pageant.
Please be honest when completing this application.

Esta aplicação será lido em voz alta para o público no dia do concurso.
Tambem sera entregue aos juizes e usado para a parte da entrevista deste concurso.
Por favor, seja honesto ao completar esta aplicação.

Basic Information / Informação Basica

Name/Nome: _____

Age/Idade: _____

School/Escola: _____

Location of School/Localização da Escola _____ Grade/Grau: _____

Personal Information/Informação Pessoal

School Activities/Actividades Escolares: *[List all your school activities.]* _____

Hobbies/Passatempos: *[List activities you enjoy doing outside of school]*

Community Involvement/Envolvimento na comunidade: *[List all your school activities.]* _____

What are your future goals/Quais são os seus objetivos para o futuro: *[List what you hope to accomplish one day]*

What is your favorite Portuguese Tradition/ Qual é a sua Tradição Portuguesa preferida?

Please mention any additional information you would like to share with the judges and the audience?



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Portugal Day Pageant 2017 Contract

This is an agreement between the contestant the Elizabeth Portugal Day Committee and _____, the Contestant:
(Print Name)

As being a participant of the 2017 Elizabeth Portugal Day Pageant, it is understood that each contestant is required to attend: all scheduled rehearsals for the respective category, **ALL** the scheduled 2017 Portugal Day Festivities, the event itself on set date TBA and other Elizabeth Portugal Day Events thereafter.

The winners of the 2017 Elizabeth Portugal Day Pageant will be required to fulfill several obligations:

1. Attend public events required by the committee throughout the course of the pageant such as but not limited to the Wine Tasting, Fishing Derby, Mini Golf Tournament, and other Elizabeth Portugal Day Events that are to be announced.
2. Crown winners, Runners Up, and Special Categories such as Photogenico(a)/Traje/Simpatia are to participate in the Elizabeth Portugal Day Weekend activities. They must attend the Flag Raising Ceremony at Elizabeth City Hall with BUSINESS CASUAL ATTIRE. NO JEANS and NO Sneakers. It is acceptable if you would like to wear a uniform that represents the community that day, i.e.: Girl scout/Boy scout Uniform, Rancho outfit, etc. They must also participate in the weekend feasts, and the ELIZABETH PORTUGAL DAY PARADE FOR THE 2017 year. If for whatever reason the crowned winners cannot fulfill his/her requirements, the 1st Runner up will carry the title and take the crown, fulfilling all the responsibilities.
3. Crown Winners are to attend public events required by the committee and become an active member of the Elizabeth Portugal Day Pageant Committee for 1 year. Including participation at the succeeding year's organization primarily the rehearsals and following pageant. The week following the parade, winners will receive their prizes. If for whatever reasons the crowned winners, runners-up, and special categories do not fulfill their requirements it is at the committee's discretion to hand over the prizes.

Waiver of Liability

I hereby release, indemnify and hold harmless Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant and its members, advisors, Board of Directors, PISC, Our Lady of Fatima Parish and agents of these parties from all liabilities, suits, claims. And/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant activity for injuries to any person or property, whether on or off the premises. The participant named below does voluntarily participate in any and all Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant activities and that the student/participant and I understand that certain risks are inherent to and from participation and involvement with Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant and in its various formal and informal activities. These activities include but are not limited to dance and modeling.

Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant is not responsible for any lost or stolen property, at any time. Anyone found to be violating any of the rules, codes of conduct, or found to be disruptive to either another individual or group may be asked to leave the premises or off-site location at any time and be refused reentrance without any full or partial refund of application fees and any other costs.

Medical Release

As the parent/legal guardian of the student/participant named below, I request and authorize that in my absence the participant named below be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine/Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment



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procedures, operative procedures and x-ray treatment of the student/participant named below. I have not been given any guarantee as to the results of examination or treatment. I hereby authorize Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant and its members, advisors, Board of Directors, PISC, Our Lady of Fatima Parish, its members, Board of Directors, and all agents of these parties to act for the participant named below according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorize the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

Photo/Media Release

I hereby understand and am fully aware that the participant named below may be participating in Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant activities in which I and/or the participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant perpetually, exclusively, and for all media throughout the world (including print, non theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant activities. I hereby agree that I will not bring or consent to others bringing claim or action Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the student/participant named below, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant and its members, advisors, Board of Directors, PISC, Our Lady of Fatima Parish, members, Board of Directors, and all agents of these parties from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant in connection with the Property. This agreement shall not obligate Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. Elizabeth Portugal Day Committee/Elizabeth Portugal Day Pageant shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization

By signing this document the 2017 Elizabeth Portugal Day contestant hereby agrees to all the terms and conditions as stated above in this contract.

Participant: _____ Parent/Legal Guardian: _____

(if contestant is 18 or older) (signature)

(if contestant is under 18) (signature)

___ / ___ / _____

(mm) (dd) (yyyy) (print name)

___ / ___ / _____

(mm) (dd) (yyyy) (print name)



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CONTESTANT CHECKLIST:

Submit the following/ Submeter o seguinte:

- Hard Copy of Contract signed (if under age of 18 signed by parent) 2 pages
Cópia impressa do Contrato assinado (se concorrente for menor de 18 anos, assinado pelo pai) 2 páginas
- Completed Application sent via e-mail if unable to send please submit hard copy.
Inscrição preenchido enviado via e-mail, se não for possível enviar por email. Entregue pessoalmente.
- \$20.00 dollars for registration fee which is not refundable.
\$20.00 dollars para inscrição que não é reembolsável.

Please submit your hard copy/ or e-mail your application to your Group Leader
the subject line: P.D. Pageant Application (Contestant Name and Category) example:
Subject: P.D. Pageant Application “Jennifer Ramalho” Rainha

Envie a sua cópia impressa ou de e-mail do contrato a para o seu subject line: P.D. Pageant Application
(Contestant Name and Category) exemplo:
Subjecto: P.D. Pageant Aplicação “Jennifer Ramalho” Rainha

Email: pageant@elizabethportugalday.com