

**Application & Information for LITTLE SISTERS (ages 4-6)**  
**Miss Rapid City/Miss Rapid City Teen Pageant**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_  
(as you would like it to appear in the program book)

Phone #s: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parental / Guardian Consent**

As a parent/guardian of \_\_\_\_\_, I (we) give permission for her to participate in the Miss Rapid City Pageant. I (we) release and hold harmless sponsors and their consigns from any loss or injury the above-named child may sustain as a participant in the pageant.

My child is allergic to: \_\_\_\_\_

I (we) give consent for the use of any/all photographs taken for publicity/advertising in conjunction with the pageant.

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return the below items to: [littlesistersrc@hotmail.com](mailto:little sistersrc@hotmail.com)

1. Completed Application
2. Photo of your daughter
3. \$25 check made to Miss Rapid City Scholarship Program

***Return this Application/Consent Form by Monday, November 28, 2016***