MR. AND MS. TALENTED YOUTH PAGEANT 2017

The Mr. and Ms. Talented Youth Pageant provides an avenue for children in Nevis to showcase their talent, be a role model for their peers, achieve personal growth, gain exposure, win attractive prizes, make new friends and have lifetime memories.

ELIGIBILITY REQUIREMENTS

The Mr. and Ms. Talented Youth Pageant is open to boys and girls between the ages of 9 – 11 years. Applicants must be residents of one of the five parishes in Nevis. The parent/guardian is responsible for completing the application process.

- Applicants must attend one of the primary schools in Nevis.
- Applicants must be of good character, have no major behavioral issues at school and excellent academic work.
- Incomplete applications will not be considered.
- All application materials will be retained by the Nevis Culturama Committee and become the property of the Nevis Culturama Committee. Any expenses incurred during the application process are the sole responsibility of the parents/guardians and not those of the Nevis Culturama Committee.
- An applicant is officially entered in the pageant once she receives written confirmation of entry from the Nevis Culturama Committee.
- The prospective Participant/Contestant must be able to meet all commitments and responsibilities as set forth by the Nevis Culturama Committee.
- Upon selection, the parent/guardian of each participant/contestant must sign the Mr. and Ms. Talented Youth Pageant's Contract of Participation.
MR. AND MS. TALENTED YOUTH PAGEANT 2017
APPLICATION FORM

PLEASE PRINT CLEARLY

APPLICANT’S NAME: ____________________________  ____________________________
(Surname) (Given Names)

ADDRESS: ________________________________________________

DATE OF BIRTH: _______________________________________
(Day) (Month) (Year)

HOBBIES: ________________________________________________

NAME AND ADDRESS OF SCHOOL: ____________________________

___________________________________________________________

___________________________________________________________

(Telephone Number) (Fax Number)

PARENT/GUARDIAN’S NAME: _________________________________

ADDRESS: ________________________________________________

Tel. Nos.: (H)_________________ (W)_________________ (C)_________________

EMAIL ADDRESS: ________________________________
MEDICAL CONDITION:

Does your child/ward have any special medical condition(s) that the pageant organizers should be aware of?

______________________________________________________________________________

______________________________________________________________________________

Does your child/ward have a history of allergies?  ○ Yes  ○ No

If yes, briefly state the foods/substances that he/she is allergic to.

______________________________________________________________________________

______________________________________________________________________________

Give the name of a contact person in case of an emergency.

(Name) ___________________________________________ (Relationship) ______________________

(Address)

Tel. Nos.: (H) ___________________ (W) ___________________ (C) ___________________

QUESTIONNAIRE

Have your child/ward entered any pageants before?  ○ Yes  ○ No

If yes, please state the name of the pageant, the year entered and position he/she placed in the pageant

Name of pageant(s):_______________________________________________________________

Year(s) of pageant(s):______________ Position(s) placed in pageant(s) ________________

Does your child/ward possess any special performing talent?  ○ Yes  ○ No

If yes please state what this performing talent is: _______________________________________

______________________________________________________________________________

______________________________________________________________________________
THE FOLLOWING THREE QUESTIONS ARE FOR YOUR CHILD/WARD TO ANSWER.

What is your favorite subject and why?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What is an issue affecting children in your community? What would you like to see done to address this issue?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What would you like to be when you grow up and why?

______________________________________________________________________________
______________________________________________________________________________

I, the undersigned confirm that the information given is true and correct and that the final selection rests solely with the Nevis Culturama Committee. I also confirm that I am not bound by any other contract or pageant that will hinder my participation in the MR. AND MS. TALENTED YOUTH PAGEANT. I agree that if selected, I will conform to the rules and regulations set out by the Nevis Culturama Committee and that any deviation will result in automatic disqualification.

Signature: ___________________________ Date: __________________________

Kindly return this application form to the Festivals’ Secretariat, Cotton Ginnery Mall, along with the following:

- Full-length shot in school uniform
- Birth Certificate

DEADLINE – MONDAY MAY 26th, 2017