

MR. AND MS. TALENTED YOUTH PAGEANT 2019

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 and have an above average academic record.
- Incomplete applications will not be considered.
- All application materials will be retained by the Culturama Secretariat and or the Nevis Culturama Committee and will become the property of the Culturama Secretariat and or the Nevis Culturama Committee. Any expenses incurred during the application process are the sole responsibility of the parents/guardians and not those of the Culturama Secretariat or the Nevis Culturama Committee.
- An applicant is officially entered in the pageant once he/she receives written confirmation of entry from the Culturama Secretariat.
- The prospective Participant/Contestant must be able to meet all commitments and responsibilities as set forth by the Culturama Secretariat and 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.



Nevis Culturama Committee

Culturama Secretariat, Cotton Ginnery Mall, Charlestown, Nevis

Website: www.culturamanevis.com. Facebook: www.facebook.com/nevisculturamanevis.com. Tel: (869) 469 1992 or (869)469-5521 Ext: 6661; Emailthesecretariat@culturamanevis.com.

MR. AND MS. TALENTED YOUTH PAGEANT 2019 APPLICATION FORM

PLEASE PRINT CLEARLY

	E:(Surname)		(Given Names)	
ADDRESS:				
DATE OF BIRTH:		(M. 4)	(37	
HOBBIES:	(Day)	(Month)	(Year)	
NAME AND ADDRE	SS OF SCHOOL:			
(Telephone Nu	mber)	(Ema	(Email address)	
PARENT/GUARDIA	N'S NAME:			
ADDRESS:				
Геl. 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	e are allergic to.	
Give the name of a contact person in case of an em	ergency.	
(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 y pageant	ear entered and position he/she placed in the	
Name of pageant(s):		
Year(s) of pageant(s): Position	(s) placed in pageant(s)	
Does your child/ward possess any special performi	\bigcirc ng talent? \bigcirc Yes \bigcirc No	
If yes please state what this performing talent is:		

THE FOLLOWING THREE QUESTI	ONS ARE FOR YOUR CHILD/WARD TO ANSWER.
What is your favorite subject and why	?
What is an issue affecting children in yo this issue?	our community? What would you like to see done to address
What would you like to be when you g	row up and why?
,	information given is true and correct and that the final
confirm that I am not bound by any o	urama Secretariat/Nevis Culturama Committee. I also ther contract or pageant that will hinder my child/ward's
	ALENTED YOUTH PAGEANT. I agree that if selected, dregulations set out by the Culturama Secretariat and or
	that any deviation will result in automatic disqualification
from the pageant.	· • • • • • • • • • • • • • • • • • • •
Signature:	Date:
Kindly return this application form	n to the Culturama Secretariat, Cotton Ginnery Mall,

Charlestown along with the following:

- Full-length shot in school uniform (Does not have to be a professional photograph)
 Birth Certificate