2025 Jr. MISS HARDYSTON PAGEANT Ages 8-12



The Hardyston Pageant will be held on Friday, May 30th at the Hardyston Township Municipal Building, 149 Wheatsworth Road, Hardyston. Ceremony will begin promptly at 7:00 pm.

Applicant Name:

Email:	Phone Number:			
Please complete this application in ink - print lead photocopied and given to the judges. The informathe pageants emcee. Applications will be acceptainted by the acceptance of the properties of the principles o	mation on this application will als cepted before Friday, May 16,	so be used by 2025 at the		
Candidates must abide by the following:				
 Must be female between the ages of 8 ar Must be year-round residents of Hardysto Must wear proper attire, no jeans or casu 	on Township.			
PART I: Eligibility (circle one)				
1. Are you a resident of Hardyston Townshi	p YES	NO		
2. Are you at least 8 years old?	YES	NO		
3. Will you reach the age of 13 before May	30, 2025? YES	NO		
4. Have you ever held the title of Jr. Miss H	ardyston? YES	NO		

A "YES" answer to question #4 makes a contestant ineligible to compete.

PART II: ABOUT YOU

1.	Age (as of May 30, 2025):		
2.	Date of Birth:/		
3.	Your Favorites:		
	Color: Movie: Song: Food: Singer/Group:		
4.	If you could be granted ONE wish, what would it be and why?		
5.	What grade are you in? What school are you attending?		
6.	What is your favorite subject in school?		
7.	List any organizations to which you belong, awards you have received, contests you have won, or anything else you feel has been a major accomplishment.		
8.	What hobbies or activities do you participate in?		
9.	What is your favorite place to visit and why?		
10.	Tell us something special about you and/or your family.		

PART III: CONFIDENTIAL INFORMATION

Contestants Full Name:	
Address:	
City:	Zip:
Phone:	
Home: ()	
Cell: ()	
I do hereby attest that all the information	on this application is true.
Contactant Signatures	
Contestant Signature:	
Guardian Signaturo:	
Guardian Signature:	
Date:	
Dale	