

2025 TEEN MISS HARDYSTON PAGEANT

Ages 13-16



The Teen Miss 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 legibly and completely. This application will be photocopied and given to the judges. The information on this application will also be used by the pageants emcee. Applications will be accepted before Friday, May 16, 2025 at the Hardyston Town Hall, 149 Wheatsworth Road, Hardyston, NJ 07419. If you have any questions, please call (973) 823-7020.

Candidates must abide by the following:

1. Must be female between the ages of 13 and 16 years of age.
2. Must be year-round residents of Hardyston Township.
3. Must wear proper attire, no jeans or casual attire.

PART I: Eligibility (circle one)

- | | | |
|---|-----|----|
| 1. Are you a resident of Hardyston Township | YES | NO |
| 2. Are you at least 13 years old? | YES | NO |
| 3. Will you reach the age of 17 before May 30, 2025? | YES | NO |
| 4. Have you ever held the title of Teen Miss Hardyston? | 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. If you are a full-time student, please name your school and your year in school (i.e. Freshman, Senior, etc.) as of Spring 2025.

6. List any organizations to which you belong, awards you have received, contests you have won, or anything you feel has been a major accomplishment. Include any volunteer work.

7. If you are employed, name your employer and describe the type of work you do. Indicate whether your employment is full or part time.

8. Describe your future plans (college, career, etc.)

9. List any hobbies or activities that you participate in.

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.

Contestant Signature: _____

Guardian Signature (if applicable): _____

Date: _____