

# 2024 LITTLE MISS/MISTER HARDYSTON PAGEANT Ages 4-7



The Hardyston Pageant will be held on Friday, June 7th 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 24, 2024 at the Hardyston Township Municipal Building. If you have any questions, please call (973) 823-7020.

Candidates must abide by the following:

1. Must be between the ages of 4 and 7 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)**

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|--|-----|----|
| 1. Are you a resident of Hardyston Township                            | YES | NO |
| 2. Are you at least 4 years old?                                       | YES | NO |
| 3. Will you reach the age of 8 before June 7, 2024?                    | YES | NO |
| 4. Have you previously held the title of Little Miss/Mister Hardyston? | YES | NO |

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

## PART II: ABOUT YOU

1. Age (as of June 7, 2024): \_\_\_\_\_

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?

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5. What grade are you in? What school are you attending?

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6. What is your favorite subject in school?

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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.

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8. What hobbies or activities do you participate in?

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9. What is your favorite place to visit and why?

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10. Tell us something special about you and/or your family.

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**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:** \_\_\_\_\_  
**Date:** \_\_\_\_\_