2024 TEEN MISS HARDYSTON PAGEANT Ages 13-16



The Teen Miss 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:

Emai	: Phone N	lumber:
photo the p Hardy	e complete this application in ink - print legibly and copied and given to the judges. The information on ageants emcee. Applications will be accepted be ston Town Hall, 149 Wheatsworth Road, Hardystons, please call (973) 823-7020.	this application will also be used by fore Friday, May 24, 2024 at the
Cand	idates must abide by the following:	
2.	Must be female between the ages of 13 and 16 year Must be year-round residents of Hardyston Townsh 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 June 7, 2024	YES NO

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

YES

NO

4. Have you ever held the title of Teen Miss Hardyston?

PART II: ABOUT YOU

1.	Age (as of June 7, 2024):	
2.	Date of Birth:/	
3.	Your Favorites:	
	Color:	
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 2024. Include your major if applicable.	
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.
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Contestant Signature:	
Counties Ciametone (if emplicable)	
Guardian Signature (if applicable):	
Date:	
Date:	