

Pageant Application

Name: _____ Date: _____

Address: _____

Telephone: _____ Stage Name: _____

Please complete the application form in its entirety, as it will be counted towards your final score. Please submit the answers on a separate sheet of paper.

1. Why do you want to be Miss Capital Pride or Mr. Capital Pride?
2. What three (3) steps could you take to help bring our community closer together?
3. Who do you consider your biggest role model and why?
4. What are three (3) goals you would like to accomplish as a Capital Pride Titleholder?
5. What is one experience that has changed your life and why?

In signing this application form you acknowledge all of the rules and regulations set forth by the Capital Pride Pageant, and that any breach will result in immediate disqualification from the pageant.

Contestants Signature: _____

Email Address: _____ (Required to receive information regarding the Pageant)

Office Use Only: Date Received _____

Contestant Number: _____