

Fill out application Online or Mail to:  
1514 N Lake View Ave,  
Leesburg, FL 34748  
Payment by Venmo or Cash App  
Call if you have any questions • 352-255-3508  
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Name: \_\_\_\_\_ Age Division: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Favorite Vacation: \_\_\_\_\_

Favorite TV Show or Movie: \_\_\_\_\_ Favorite Subject: \_\_\_\_\_

Favorite Thing to do in your Hometown: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Ambition - One Day I Would Like To Be: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I do hereby agree to abide by the rules and regulations of the pageant. I, the undersigned, fully agree and understand that the pageant or the facilities where the pageant is being held is in no way responsible for any injuries or accidents that may occur. I agree that the Judge's decision will be final and that my family and I will show forth good conduct at all times.

I release consent for any photographs and videos taken to be used by the pageant for promotional purposes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Schedule of Fees:

Entry Fee \$300.00 \$ \_\_\_\_\_  
Photogenic \$50.00 \_\_\_\_\_ Extra Photos (limit 3) \$20.00 Each \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

**Please indicate the applicable fees and remit accordingly. DEADLINE - NOVEMBER 2**

**Venmo - @FLhometown      Cash App - \$FLhometown**