



Modesto 500 Lions Club



Miss Stanislaus Spirit Princess Pageant

Welcome to the 1st Annual

Congratulations! You are one of the select group of girls who will compete in our Miss Stanislaus Spirit Princess Pageant! It will be the experience of a lifetime.

The Miss Stanislaus Spirit Pageant, a pageant for girls with disabilities, is a magical event that will happen annually. It is hosted by the Modesto 500 Lions Club and proceeds will benefit the Society for disABILITIES.

This pageant puts the contestants on a memorable path; this experience is designed to give participants great memories, strong friendships, and a defining sense of accomplishment. The pageant will definitely be magical!

We ask you as contestants to put your fears aside; to allow yourself to try something outside of the ordinary; and be brave. Life is about pushing yourself. We are so proud of you being part of this pageant and by doing so I believe you are one step closer to your dream come true!

Please read the following information about the pageant and then complete the registration form. Please submit timely. If you have questions, please let us know.

Sincerely yours,

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Modesto 500 Lions Club
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Pageant Co-Chair
Modesto 500 Lions Club
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Information

To be a contestant in the Miss Stanislaus Spirit Princess Pageant, the following is required:

- Complete the Participant Registration Form
- Email a picture to be used for the program
- Submit a \$25 non-refundable fee

Competition Dates and Venue

- Deadline to enter the pageant is Friday, August 25, 2017
- Pageant Event Date: Saturday, September 16, 2017
- Location: Downey High School Auditorium, 1000 Coffee Road, Modesto, California

Pageant Facts:

You must be between the ages of 5 years old and 12 years old to participate. All pageant participants will compete in series of four (4) events that occur in the following order:

- A two-minute private interview with a panel of judges
- Casual Wear Competition
- Party Dress Competition
- On-Stage Question

On the day of the pageant, each contestant will receive:

- A complimentary hair styling and a touch of make-up (must arrive with her hair clean, dry and ready to be styled).
- Princess Party Luncheon with a very special princess
- A participation trophy
- And, A goody bag

The registration fee includes one adult pageant ticket. Additional tickets are available for \$15.00 per person. Children 5 and under are free. Seating is general admission. Tickets are available by contacting a Lions Club member or Society for disABILITIES.



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Day of the Pageant Tentative Schedule

- 10:00 a.m. Arrival of Contestant and Hostess (Each contestant must bring their own hostess. We suggest this person be a responsible older sister, aunt, or friend to allow parents/guardians or grandparents to enjoy the pageant).
- Hair Style – Each participant will arrive with her hair clean, dry, and ready to be styled by a professional hairdresser.
- 11:00 a.m. – Princess Party Luncheon, lunch will be provided. A very special Princess will be joining the luncheon.
- 12:00 noon – Rehearse for the pageant,
- 1:00 p.m. – Dress for pageant
- 1:30 p.m. Pageant

At the rehearsal you will:

- Meet the Master of Ceremonies
- Meet the escorts
- Learn and practice walking on stage
- Take a pageant group photo

Wardrobe:

On pageant day contestants wear three different outfits as follows:

- Luncheon & Interview – Contestant will wear a comfortable outfit to enjoy the Princess Party Luncheon and to meet with the judges. This outfit should be easy to remove as the contestant's hair will be styled in this outfit. We suggest something with buttons that does not have to be removed over her head.
- Casual Wear – You can wear anything from a cheerleading outfit to a Disney princess costume to a sequin jacket and dress with a matching hat – in other words, whatever a contestant wants!
- Party Dress: Typically a dress that is too dressy or impractical for casual wear.

Health Information:

A registered nurse is on call throughout the Miss Stanislaus Spirit Princess Pageant. Please complete the form and include information you want our nurse to know about the contestant. This should include dietary restrictions, seizure disorders, any recent injuries, and the like. The contestant's hostess must also be aware of any needs of the participant.



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Participant Registration Form

Participant's Name _____ Age _____ DOB _____
(please print)

Disability _____

Please list any health information about the participant

Address _____ City _____ Zip _____

Phone Home _____ Participant's Height: _____ inches Weight: _____

Parent or Guardian/Emergency Contact Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Phone Numbers(H) _____ (W) _____ Cell _____

Email (**REQUIRED**) _____ *Information will also be used as emergency contact*

Physician _____ Phone _____

Who will be the Participant's Hostess (a responsible person to help back stage)?

Name: _____ Email: _____

A photograph for the program will be needed. Email to: carolyn@societyfordisabilities.org

Parent / Guardian Signature: _____ Date: _____

Office Use Only

- Application Received Date: _____
- Registration Fee Received, Date: _____ How Paid: _____
- Photo received electronically
- Waivers Release / Photo



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Questions for the participant:

If you were a butterfly and could travel anywhere in the world, where would you go?

What is your favorite food?

What is your favorite TV show?

If you were given \$100 what would you do with it?

If you had one wish, what would it be and why?

Why did you enter the Miss Stanislaus Spirit Princess Pageant?

Why do you want to win this pageant?

What would you like the judges to know about you?

What are you most excited about the pageant?



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The Miss Stanislaus Spirit Pageant will be giving a "Best Friend" Award. Tell us what you know about being and friend and why you think it means to win?



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Participant Photo Release Waiver and Release of Liability

I request that my child be allowed to participate in the *Miss Stanislaus Spirit Princess Pageant*, and agree to the following: **(Please initial after reading)**

___ I acknowledge and fully understand that my child as a minor participant will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

___ I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

___ Myself and my family release, waive, discharge and promise not to sue Society for disABILITIES, it's volunteer instructors and director, its staff, executive director, board of directors, property owners, volunteers, or other participants of *the Miss Stanislaus Spirit Princess Pageant and the Modesto 500 Lions Club* for any personal injury, property damage, or other damages that may arise from my participation in the *Miss Stanislaus Spirit Princess Pageant*, regardless of whether such injury or damage is caused by negligence or carelessness of the event.

___ I agree that photographs and/or my name, my child's name may be published in, or used by Society for disABILITIES or the Modesto 500 Lions Club and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, advertising, social media, etc.) without any liability on the part of Society for disABILITIES or the Modesto 500 Lions Club.

___ I have talked to my physician, who has acknowledged, that my child is physically capable to engage in the pageant. I have given an accurate description of my child's disability and medical needs on the *pageant* application.

___ I agree that the staff and volunteers of the *Miss Stanislaus Spirit Princess Pageant*, Society for disABILITIES, and the Modesto 500 Lions Club may authorize emergency medical treatment for me, or for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteer the right to determine the appropriate medical facility/provider in the absence of a parent or caregiver. I agree to be personally responsible for any related medical expenses.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

PARENT NAME (Print)

* PARENT SIGNATURE (required)

DATE

PARTICIPANT NAME (Print)