

Madison County Pageant

Director: Kristy Lee Parkin

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(315)313-4482 Text or email only NO PHONE CALLS

Thursday, July 11, 2024 @ 3:00p.m.

All contestants must arrive by 2:00p.m.

Registration begins at 1:00p.m. and closes @ 2:45p.m.

Location:

Madison County Fairgrounds, 1968 Fairground Road, Brookfield, NY

Entry Fee: \$10.00 per contestant. Payment may be made ahead of time or on the day of the pageant.

Titles:

Miss Madison County*	16 years old to 18 years old
Teen Miss*	13 years old to 15 years old
Tween Miss	10 years old to 12 years old
Little Miss	7 years old to 9 years old (assisted by on-stage attendant, if necessary)
Mini Miss	4 years old to 6 years old (assisted by on-stage attendant, if necessary)
Baby Miss Madison County	10 months to 3 years old (accompanied by parent)
Mister*	11 years old to 13 years old
Mini Mister	4 years old to 7 years old (assisted by on-stage attendant, if necessary)
Baby Mister Madison County	1 year to 3 years old (accompanied by parent)

ENTRY RULES

- 1) Fill out an application and submit it on or before pageant day. Applications will NOT be available the day of. **PLEASE submit by Friday, July 5, 2024.**
- 2) Make payment by pageant day. Payments can be made via check. Checks should be payable to: Madison County Fair. Write contestants name in the memo line.
- 3) The contest is open to residents of Madison County or one of our five neighboring counties, namely, Chenango, Cortland, Herkimer, Oneida and Otsego.
- 4) Contestants must be age 18 or under on the day of the pageant, unmarried and without children.
- 5) Contestants must be smoke free and drug free. No visible tattoos or piercings.
- 6) This is a family friendly event.
- 7) Contestants must display good sportsmanship before, during and after the pageant. Bullying of any kind will not be tolerated and will result in the inability to compete and/or the loss of the title.
- 8) All contestants under the age of 17 must be accompanied by a parent or guardian. Guardians are responsible for their children at all times, including events which they are attending as a pageant representative.
- 9) It is the intention of the pageant to award each age category. Pageant director reserves the right to alter groups on enrollment.
- 10) A parent must accompany children ages 10 months-3 years. **NO EXCEPTIONS.** For the ages between 10 months-3 years, no points will be deducted off the final score. Parents may accompany older children, but that will result in points being deducted from the final score.

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- 11) Scores will be based off Poise, Appearance and Personality
- 12) This is not a Glitz pageant! Dresses should be no shorter than 1” above the knee. Dresses should not show an excessive amount of cleavage. Dresses are to be age appropriate and flattering to the contestant.
- 13) At the end of each contestants Beauty Walk for Tween, Teen and Miss, they will be called over for interviews on stage. Contestants will be asked age-appropriate questions in front of the judges and audience.
- 14) Contestants in categories with an asterisk (*) will also give a speech. They must come up with a 1–2-minute speech on why “I Love Madison County” and how they will promote and support the county and types of outreach opportunities they will take part in. Speeches will be given after their interview. Younger groups will be asked one question from the judges about their favorite activities, school subjects, etc.
- 15) Winners are expected to serve as ambassadors of Madison County or surrounding areas.
- 16) Pageant judges will be selected from a variety of people in the pageant industry. Judges’ decisions are final.
- 17) Failure to comply with pageant rules will result in dismissal from the pageant or loss of title.

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Please give as much detail as possible when filling out this application. The information provided on this form will be used to create a script for each contestant to be read while he/she is on stage.

What is the contestants first and last name? _____

When is the contestant's birthday? (mm/dd/yy) _____

First and last name of parent/guardian _____

Street Address _____

City _____

Zip Code _____

Phone Number _____

Email Address _____

*****Please circle the category your child will be competing in*****

Categories are as follows:

Miss Madison County*

Mini Miss

Mister*

Teen*

Little Miss

Mini Mister

Tween

Baby Miss Madison County

Baby Mister Madison County

Tell us about your child so we can get to know them better.

Hobbies _____

Favorite food _____

Favorite song _____

Ambitions _____

***** Please mail back pages 3 and 4. *****

If mailing, your registration fee must be included and mailed to:

Kristy Lee Parkin
933 State Route 31
Bridgeport, NY 13030

If emailing, payment must be made prior to competition.

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MEDIA RELEASE

By checking this box, you certify that you are the parent or guardian of _____ (the named contestant) and hereby agree that the Madison County Fair and the Madison County Pageant have the right to take photos, videos or digital recordings of you and/or your child and to use those in any and all media, now or hereafter known for the purposes of advertisements and promotions, banners, website, emails, mass mailing and online media. You also consent to have your name and/or your child's name and identity revealed therein or by description, text, or commentary. You waive any rights, claims, or interest you have to control the use of your identity or likeness in whatever media is used. The Madison County Fair and The Madison County Pageant are not responsible for any expense or liability incurred because of participation, including medical expenses due to any sickness or illness incurred as a result.

____ I agree to the above

Please sign your full name on the line below to indicate your understanding of an agreement to the following: I hereby understand that the Madison County Fair and The Madison County Pageant and its partners and sponsors are not responsible for any accident or injury incurred at the pageant or during travel to and from the Pageant. I understand that there are no refunds. I understand that the judges' decisions are final.

PARENT/GUARDIAN SIGNATURE:

(Printed Name)

(Relationship)

(Signature)

(Date)

Thank you,

The Madison County Fair