

Belleview/South Marion Chamber of Commerce  
5331 SE Abshier Blvd, Belleview FL 34420  
(352)245-2178

**Belleview Founder's Day Pageant 2019**  
**Miss Belleview - Division CC**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**BIO INFORMATION**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Clubs: \_\_\_\_\_

Favorite Sport Teams: \_\_\_\_\_

Volunteer Activities (attach separate sheet): \_\_\_\_\_

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

Special Interests: \_\_\_\_\_

Favorites: Book: \_\_\_\_\_ Food: \_\_\_\_\_

Music: \_\_\_\_\_ TV Show: \_\_\_\_\_

Do you have a job? \_\_\_\_\_ Where? \_\_\_\_\_

**SPONSOR** Name: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby give my son or daughter permission to enter the Belleview Pageants sponsored by the Belleview/South Marion Chamber of Commerce May 4, 2019. I agree to indemnify the Belleview/South Marion Chamber of Commerce or anyone connected with the pageant and hold them harmless against all actions, claims, liabilities, losses, costs, and expenses which, in any way may arise in connection with or resulting from the pageant, including claims for bodily injury or death of persons, and for loss of or damage to property, whether the same is due to negligent act of omission of this organization, their agents, employees, or otherwise.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Contestant)