

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

Child Application A-H

Belleview Founder's Day Pageant 2019

Division A B C D E F G H (CIRCLE THE ONE THAT APPLIES)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Day: _____ Evening: _____ Email _____

Date of Birth: _____ Age: _____

Brothers and Sisters (names and ages): _____

Parent/Guardian: _____

BIO INFORMATION

School/Pre-School: _____ Level: _____

Favorites: Activity: _____ Toy: _____

Food: _____ TV Show: _____

Song: _____

Pets: _____

SPONSOR Name: _____

Address: _____

I hereby give my son or daughter permission to enter the Belleview Pageant sponsored by the Belleview/South Marion Chamber of Commerce May 4th, 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)