

**Miss Gold Rush Pageant
John de la Howe School
Saturday, August 2, 2008 6:30 p.m.**

(Please Print or Type)

Ages 3-11

Contestant's Name: _____

Parent's Name: _____

Mailing Address: _____

Phone Number: _____ Birthday: _____ Grade: _____ Age: _____

Please answer the following questions. (Type or print)

Who has had the most influence on your life and why?

What would you like to be when you grow up and why? _____

If you were granted one wish, what would it be? _____

What are your hobbies? _____

Disclaimer Statement: I will not hold the Miss Gold Rush Pageant Committee, the Gold Rush Festival Committee, John de la Howe School, or any other party connected with the pageant responsible for personal injury or loss while at rehearsal or the pageant.

Parent(s) Signature (required)

Contestant's Signature

Complete and return with entry fee to: Miss Gold Rush Pageant, P.O. Box 927,
McCormick, SC 29835. Make checks payable to McCormick Gold Rush, Inc.
