

Blossomtime Festival

2024 Bud Princess Competition

Official Application and Release Form

Sunday, November 19, 2023, at 3:00 pm, St. Joseph High School

\$75.00 Non-Refundable Entry Fee

Must purchase/sell 2 pageant tickets @ \$25.00 each

Must sell minimum of \$75 worth of ads

Checks payable to: Blossomtime Festival

Contestant Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Age: _____ **Date of Birth:** _____

Hair Color: _____ **Eye Color:** _____

Name of School Presently Attending: _____ **Grade:** _____

Name of Father/Guardian: _____

Address: _____

Phone #: _____ **Cell #:** _____

Email: _____

Name of Mother/Guardian: _____

Address: _____

Phone #: _____ **Cell #:** _____

Email: _____

Requirements

1. I am a female. I must be 6 years old by November 19, 2023, and not more than 9 years old by the same date.
2. All entrants must continuously reside with a parent or legal guardian and maintain a permanent, year-round residence within Southwest Michigan. (Berrien, Cass, or Van Buren Counties).
3. **Application Packet & \$75 Entry Fee due on Monday, October 16, 2023, to the Blossomtime Office in person or mailed. (2330 S. Cleveland Ave., St Joseph, Mi 49085)**
All entry fees are non-refundable, and space is limited.
Sibling Discount – more than 1 child from the same immediate family competing in Bud Prince/Princess, Jr Teen or Teen pageant - \$50 each entry fee
4. All entrants are required to purchase/sell 2 pageant tickets @ \$25.00 each
5. Any entrant who sells \$200 or more worth of ads will receive two (2) complimentary tickets to the pageant. (this would be in addition to the two tickets required to purchase/sell)
6. All entrants must sell minimum of \$75 worth of ads. **All Good Luck Ads MUST be turned in on a USB Flash Drive with a copy of the Good Luck Ad order form. Photo ads must be submitted in a jpeg or PDF format on the USB Flash Drive. Good Luck Ads are due on or prior to Monday, October 30th.** Late submissions will not be printed in the pageant program. **NO PAPER COPIES.**
7. All entrants must submit a headshot for the pageant program. (jpeg format). Headshots should be an individual shot of your child from the shoulders up, facing forward. Headshots will ONLY be accepted on a USB Flash Drive or emailed to the office at office@blossomtimefestival.org **Headshots are due on or prior to Monday, October 30th, 2023.** Late submissions will not be printed in the pageant program. **NO PAPER COPIES.**
8. At the time of my present participation in a Blossomtime competition, I do not hold a local, state, national or international title of a pageant or competition. This may include any competition that has any of the following elements: interview, scholarships, talent, community service, crown and/or sash.
9. If chosen as Bud Princess or any member of the Court, I understand that I am not eligible to run for another title without board approval. A letter must be written to the Blossomtime Board of Directors requesting to compete for another title. All written requests must be made prior to the Blossomtime Application deadline. Requests will not be reviewed before completing 9 months of active reign. At this time, requests will be reviewed and may or may not be approved at the discretion of the Blossomtime Festival Board of Directors.

10. If I have competed in other pageants and won a title, I understand that I must first seek approval from the community organization about competing. If awarded any Blossomtime position, I agree I must forfeit my original title to meet the requirements of the Blossomtime Festival. I will provide written confirmation (before I will be allowed to compete) from an official of the organization with which I have won a title. This document must state they have given me permission to compete and understand if I win any Blossomtime position, I will be resigning my original title immediately.

Parent/Guardian_____

11. Entrants may not wear make-up during the competition.

12. Recommended apparel for princess contestants is a short or long dressy dress

13. If our child is selected as the Bud Princess or part of the Court, we, as parents or legal guardians, agree to the following:

- A. The entrant will attend all Blossomtime Festival events requested by the Committee even though another date may conflict with the Festival schedule.
- B. Entrant will not attend any events unless a written invitation is received by the Blossomtime Office and approved by the Chaperone Committee.
- C. From the date of selection, entrant will not advertise, endorse, or in any way support any commercial product, or make any personal appearances as a representative of the Blossomtime Festival without the written consent of the Blossomtime Festival Board of Directors or the Chaperone Committee.
- D. The entrant will only wear the Blossomtime banner and crown as a representative. No other substitutions will be allowed.

Parent/Guardian_____

PARENTS' RELEASE: We are the parents or legal guardians of the entrant named on this form, and we hereby give our consent for the entrant to appear in the Blossomtime Festival Bud Princess Pageant on November 19, 2023, at the St. Joseph High School Auditorium and to participate in all official Blossomtime Festival events.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Please mail or submit in person this form with your entry fee to:

Blossomtime Festival
2330 S. Cleveland Avenue
St. Joseph, MI 49085

Email: office@blossomtimefestival.org

Website: www.blossomtimefestival.org

Blossomtime Festival, Inc. Photo Release

I, the undersigned, do hereby consent and agree that the Blossomtime Festival, Inc., its employees, or agents have the right to take photographs, videotape, or digital recordings of

_____ and to use these in any and all media, now or hereafter

(Contestant Name)

known, and exclusively for the purpose of promotion of the Blossomtime Festival, Inc. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Blossomtime Festival, Inc., its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the Blossomtime Festival, Inc. is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age or am the legal guardian and have read and understand the foregoing statement and am competent to execute this agreement.

Parent or Guardian Name (Print Name)

Parent or Guardian Name (Signature)

Date

**BUD PRINCESS CONTESTANTS
EMERGENCY MEDICAL TREATMENT**

Contestant Name: _____		Date of Birth _____	
Address _____			
Street	City	State	Zip
Mother's/Guardian's Name: _____			
Email: _____			
Address _____			
Street	City	State	Zip
Cell # _____	Work # _____	Home # _____	
Father's/Guardian's Name: _____			
Email: _____			
Address _____			
Street	City	State	Zip
Cell # _____	Work # _____	Home # _____	

TO BE COMPLETED BY THE CONTESTANT:

Do You Faint Easily? Yes _____ No _____ Do You Get Carsick? Yes _____ No _____

Are You Currently under a Physician's Care? Yes _____ No _____ If Yes, List Reason _____

Do You Take Medication Daily? Yes _____ No _____ If Yes, List Medication(s) _____

Are You Allergic To Any Food Or Have Any Special Dietary Needs (Vegan, Etc.)? Yes _____ No _____

Are You Allergic To Any Medications? Yes _____ No _____ If Yes Please List Them _____

Past History of Any Major Illness or Surgery _____

Name of Health Insurance _____ Group # _____

Name of Physician _____ Phone _____

Address _____

Street City State Zip

Name of Dentist _____ Phone _____

Address _____

Street City State Zip

CONSENT FOR MEDICAL/DENTAL/SURGICAL TREATMENT

Name of Patient _____, minor. Permission is hereby given to this hospital, its physicians and its nursing staff to administer any treatment, diagnostic, therapeutic, or to administer such surgical procedures as may be deemed necessary or advisable in the diagnosis and treatment as condition warrants, and to release information as may be necessary for hospital claims.

Signature of Parent/Legal Guardian

Signature of Witness

Relationship to Patient

Date

FORM MUST BE TURNED IN WITH YOUR ENTRY FORM

2024 Blossomtime Bud Prince/Princess, Miss Jr. Teen/Teen Good Luck Ads

Contestant's Name _____

Contestant's Phone or Email _____

AD Rates: 2x2 square \$15.00

Business Card size ad \$25.00

¼ Page \$35.00

½ Page \$50.00

Full Page \$75.00

****Reminder** ~ Please print legibly!!**

*Blossomtime will not be held responsible for any misspelling of ads that are not submitted in a typed format. **No refunds** for ads that are handwritten. **Photo ads must be saved as a JPEG or PDF file & included on USB.**

Ad Size	Content of AD	\$ Total



Blossomtime Festival 2024 Bud Contestant Bio

Please fill in the questions about your child.

CONTESTANT'S FULL NAME: _____

SCHOOL & GRADE: _____ AGE: _____

WHAT IS YOUR FAVORITE THING TO DO WITH YOUR FAMILY: _____

INTERESTS & ACTIVITIES:

FAVORITE MOVIE:

FAVORITE FOODS:

FAVORITE BOOK & WHY:

WHAT DO YOU WANT TO BE WHEN YOU GROW UP: _____
