

# MISS NATIONAL PEANUT FESTIVAL PAGEANT RULES

1. All contestants will be judged on Appearance, Poise, Communication Skills (both written and verbal), Personal Interview, and Knowledge of Peanuts.

2. A contestant shall not have previously competed in the Miss National Peanut Festival Pageant.

3. CONTESTANTS MUST BE OF GOOD MORAL CHARACTER. THEY MUST NOT BE PREGNANT NOR HAVE GIVEN BIRTH TO A CHILD. THEY MUST BE CLEAR OF ANY PENDING JUDICIAL CASE(S) FILED AND NEVER CONVICTED OF ANY CRIMES. If any of these conditions change, the contestant must notify their local pageant chairman immediately and should understand that this will affect their eligibility. All issues regarding the moral character of a contestant must be handled by the local sponsor.

4. Contestants must be single, never married and between the ages of 16 and 19.

5. All contestants must attend and participate in every practice session, rehearsal and all other events conducted in connection with, or in any way associated with, participation in the Miss National Peanut Festival Pageant. Contestants must also be prompt to begin rehearsal at the times designated. Failure to do so may result in immediate dismissal from the pageant at the sole discretion of the Board of Trustees of the National Peanut Festival. JUDGES WILL BE MADE AWARE OF ANY CONTESTANT WHO DOES NOT COMPLY WITH THESE RULES.

6. CONTESTANTS WILL BE DISQUALIFIED IF THEY ARE FOUND TO BE IN POSSESSION OF: COMMUNICATION DEVICES (CELLULAR PHONES, LAPTOPS, IPODS, ETC.), ALCOHOL, TOBACCO, OR NARCOTICS WHILE PARTICIPATING IN THE MISS NPF PAGEANT EVENTS.

7. THE FESTIVAL RESERVES THE RIGHT TO DISQUALIFY A CONTESTANT IF ANY SUBMITTED FORMS ARE FOUND TO BE FALSIFIED.

8. Each local contest sponsor who sends a contestant to the National Peanut Festival Pageant must make provisions for a float for their contestant in the National Peanut Festival Parade.

9. Failure to comply with these rules can result in disqualification of contestant from the Miss NPF Pageant.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

CONTESTANT'S SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

# CONTESTANT PROFILE

SUBMIT SIX (6) COPIES OF THIS FORM!

This information gives the judges a sense of your personality and about who you are.

NAME: \_\_\_\_\_

TITLE: MISS \_\_\_\_\_

DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_ AGE: \_\_\_\_\_

FACEBOOK: \_\_\_\_\_

INSTAGRAM: \_\_\_\_\_

SCHOOL OR COLLEGE ATTENDING AS OF AUGUST 2024:

\_\_\_\_\_

HONORS: \_\_\_\_\_

COMMUNITY ACTIVITIES: \_\_\_\_\_

HOBBIES OR INTERESTS: \_\_\_\_\_

CAREER GOALS: \_\_\_\_\_

WHAT IS THE ONE THING ABOUT YOU THAT PEOPLE YOU MEET MAY NOT IMMEDIATELY REALIZE?

\_\_\_\_\_

WHAT ARE THREE WORDS THAT BEST DESCRIBE YOU? \_\_\_\_\_ ,

\_\_\_\_\_ , \_\_\_\_\_

WHAT IS YOUR BEST QUALITY? \_\_\_\_\_

WHAT IS YOUR IDEA OF "HAPPINESS AND SUCCESS?"

\_\_\_\_\_

WHAT ARE THREE POSITIVE ATTRIBUTES OF PAGEANTS?

\_\_\_\_\_

WHAT IS THE ONE THING YOU CAN'T LIVE WITHOUT? \_\_\_\_\_

# ENTRY FORM

SUBMIT ONE (1) COPY OF THIS FORM!

NAME: \_\_\_\_\_

TITLE: MISS \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      AGE: \_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

MOTHER'S NAME/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PAGEANT SPONSORED BY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TELEPHONE #: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

**I ACKNOWLEDGE THAT I HAVE READ THE OFFICIAL RULES AND REGULATIONS OF THE PAGEANT, AND I AGREE TO ABIDE BY THEM IN EVERY WAY, AND THE PERSONAL DATA HEREIN SET FORTH IS CORRECT.**

CONTESTANT'S SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

# CERTIFICATE OF HEALTH

SUBMIT ONE (1) COPY OF THIS FORM!

NAME: \_\_\_\_\_

TITLE: MISS \_\_\_\_\_

(THE FOLLOWING IS TO BE COMPLETED BY YOUR PHYSICIAN. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.)

I have examined \_\_\_\_\_, who will represent the area of \_\_\_\_\_ in the Miss National Peanut Festival Pageant and have found nothing that will limit her participation in activities relating to the program, i.e., rehearsals, dance routines, physical fitness, schedules, excitement, or any other such activity relating to competition for the title of Miss National Peanut Festival.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE LIST ANY LIMITATIONS: \_\_\_\_\_

\_\_\_\_\_

IN CASE OF AN EMERGENCY, YOUR DAUGHTER WILL BE TAKEN FOR TREATMENT AND/OR OBSERVATION. PLEASE SUBMIT THE FOLLOWING:

INSURANCE CARRIER: \_\_\_\_\_

POLICY/GROUP/BIN NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

POLICY HOLDERS SIGNATURE \_\_\_\_\_

# MEDICAL HISTORY

SUBMIT ONE (1) COPY OF THIS FORM!

NAME: \_\_\_\_\_

TITLE: MISS \_\_\_\_\_

The following information is needed in the event of any injury or sickness. It will be kept strictly confidential unless there is a need to share the information with an attending physician.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Private Physician (Name): \_\_\_\_\_

Office Telephone Number.: \_\_\_\_\_

Medical History (seizures, asthma, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications (Please list all medications that will be brought to the pageant.):

\_\_\_\_\_

I (we) agree that my (our) daughter, \_\_\_\_\_ is on the above medications. I understand that she is allowed to take only the above medications during the pageant unless additional medication is ordered by a physician during the pageant.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

# PHOTO RELEASE

SUBMIT ONE (1) COPY OF THIS FORM!

NAME: \_\_\_\_\_

TITLE: MISS \_\_\_\_\_

I (we), the parent(s)/guardian(s) of \_\_\_\_\_ give our consent for her photographs to be used in newspapers, magazines, television, and on the National Peanut Festival website and in any other legitimate news media for the benefit of the National Peanut Festival Association, Inc.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_

# PHOTO PAGE

**SUBMIT SIX (6) COPIES OF THIS FORM WITH PHOTOGRAPH MADE BY THE OFFICIAL NPF PHOTOGRAPHER, ATTACHED TO EACH COPY.**

**PLACE**

**4" X 6"**

**PHOTO HERE**

**THIS PICTURE MUST BE THE  
ONE MADE BY THE OFFICIAL**

**NPF PHOTOGRAPHER!**

***NO EXCEPTIONS!***

**CONTESTANT'S NAME**

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**CONTESTANT'S TITLE**

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**STATEMENT OF UNDERSTANDING AGREEMENT**  
SUBMIT ONE (1) COPY OF THIS FORM!

NAME: \_\_\_\_\_

TITLE: MISS \_\_\_\_\_

We agree that our/my daughter will follow all rules listed in the Contestants Manual or if she is chosen Miss National Peanut Festival, that she will abide by the rules and regulations set forth in the Statement of Understanding on Pages 9 - 10 of the manual and that she will represent the National Peanut Festival and the peanut industry for 12 months after her selection, regardless of other conflicting interests.

\_\_\_\_\_  
SPONSORING ORGANIZATION

\_\_\_\_\_  
SIGNATURE OF SPONSOR

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We agree that our/my daughter will follow all rules listed in the Contestants Manual or if she is chosen Miss National Peanut Festival, that she will abide by the rules and regulations set forth in the Statement of Understanding on Pages 9 - 10 of the manual and that she will represent the National Peanut Festival and the peanut industry for 12 months after her selection, regardless of other conflicting interests.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I have read and understand the contents of the Miss National Peanut Festival Pageant Manual. I do fully agree to adhere to all pageant rules and regulations as included in the manual.

CONTESTANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_