



Miss Davison
Scholarship Pageant
"Crowning excellence since 1938"

c/o 9011 Davison Road, Davison, MI 48423
Missdavidson48423@gmail.com Missdavidson.org

2024 ENTRY FORM

We are so pleased that your daughter has decided to become a candidate in the Miss Davison Scholarship Pageant. We look forward to the opportunity to work with each of the candidates and hope that it will be an enjoyable and memorable experience for all.

There are certain obligations that your daughter, if chosen as Miss Davison or a member of the Court, will be asked to fulfill. Therefore, the Pageant Committee requires that you and your daughter sign and return to us the form below. This indicates that each of you understand and agree to her participating in the pageant and accepting this responsibility.

Miss Davison and her Court serve at the discretion of the Miss Davison Pageant Committee. The Committee will determine which functions they will attend. Transportation and chaperones will be arranged. Assistance from parents is greatly appreciated, but not required.

Photos from the photo shoot are NOT to be copied or reproduced in any form without the written consent of the photographer and copyright laws apply. Additional copies of photos are available for purchase from the Photographer. Photos taken during the course of candidacy and/or reign, if selected, will be used for promotional purposes, including social media, at the sole discretion of the Pageant Committee, and by signing this entry form you consent to the same.

The Miss Davison Scholarship Pageant Committee will govern all rules and regulations and make all decisions regarding the Pageant and subsequent reign. Their decision and the decision of the judges are final.

Should you have any questions, please contact Miss Davison Scholarship Pageant Co-Directors

Lori Tallman
810-569-1995

Jaclyn Adams
810-241-3132

Jennifer Ragnone
810-423-3644

Teresa Raysin
810-441-5106

ENTRY DEADLINE: **Friday, May 10, 2024 at 5:00 p.m.**

RETURN ATTACHED FORM TO: Missdavidson48423@gmail.com (email scanned copy or photo) -OR-

Lori A. Tallman, P.L.C, Attorney at Law
9011 Davison Road, Davison



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Lori Tallman, P.L.C, Attorney at Law
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Parent/Guardian's Portion

My daughter _____ has my permission to participate in the Miss Davison Scholarship Pageant and related activities for the year 2024-25. I, on behalf of both parents/guardians, understand and agree to the rules and regulations of the Miss Davison Scholarship Pageant and agree to her accepting this responsibility. I agree to abide by the rules and decisions of the Miss Davison Scholarship Pageant Committee. I waive, release, absolve, indemnify and agree to hold harmless the Miss Davison Scholarship Pageant and the Davison Area Chamber of Commerce, and the Festival of Flags, and the directors, committee, volunteers, organizers, sponsors, supervisors, participants of both organizations and any person(s) transporting my child to and from activities, for any claim arising out of any injury, damage or occurrence to my child whether the result of negligence or any other cause. I further consent to the use of any and all photographs taken during the pageant process and subsequent reign by the Miss Davison Scholarship Pageant, for pageant or promotional purposes, including use on social media.

(please print clearly)

Parent's signature: _____

Printed name: _____

Parent phone number(s): _____

Parent email: _____

Parent Address/City/Zip: _____

Candidates' Portion

I understand and agree to the rules and regulations of the Miss Davison Scholarship Pageant and accept the responsibility of entering the pageant. I agree to abide by the rules and decisions of the Miss Davison Scholarship Pageant Committee and the Judges. **I agree to grant access to any and all of my social media accounts to any members of the Pageant Committee as instructed by the Pageant Directors.** I agree to uphold and maintain the dignity and honor of the pageant and the Davison Area. I waive, release, absolve, indemnify and agree to hold harmless the Miss Davison Scholarship Pageant, the Davison Area Chamber of Commerce, and the Festival of Flags, and the directors, committee, volunteers, organizers, sponsors, supervisors, participants and person(s) transporting me to and from activities, for any claim arising out of any injury, damages or occurrence to me whether the result of negligence or any other cause. I also agree and consent to the use of any and all photos taken during the pageant process and subsequent reign by the Miss Davison Scholarship pageant for pageant or promotional purposes, including use on social media.

Candidate's signature: _____

Candidate age: _____ Candidate grade: _____ Candidate School: _____

Phone(cell): _____ Other: _____

Candidate's email: _____

Address/City/Zip: _____

Return ONLY this page for entry