



Rain Day Scholarship, Inc.

2017 Miss Rain Day Scholarship Pageant Application

Pageant Date: July 23, 2017

REQUIREMENTS: A Greene County resident between the ages of 14 and 18 as of July 29, 2017.

POSTMARK THIS APPLICATION NO LATER THAN MAY 1st ALONG WITH A \$60 NON-REFUNDABLE FEE TO: Rain Day Scholarship, Inc., P.O. Box 288, Waynesburg, PA 15370

Applications received between May 2nd and May 5th will be accepted but will REQUIRE A \$70 NON-REFUNDABLE FEE.

All entries must be postmarked by May 5th.

CHECKS ARE PAYABLE TO "RAIN DAY SCHOLARSHIP INC."

Entry Fee includes Official Miss Rain Day Pageant Contestant Tee-Shirt.

Further instructions will follow upon receipt of your application. Please do not hesitate to call Rain Day Scholarship, Inc 724.322.1102 or 724.747.4506 if you have any questions regarding any aspect of the Miss Rain Day Scholarship Pageant.

NAME: SOCIAL SECURITY NUMBER: (As you want it announced during Pageant) (Must have to award bonds)

AGE: BIRTH DATE: PHONE: TEE-SHIRT SIZE:

I wish to purchase an extra Tee @ \$15.00

ADDRESS: CITY, STATE, ZIP:

CELL PHONE: MOM/DAD CELL PHONE

EMAIL ADDRESS

PARENTS: TYPE OF TALENT:

IN THE FALL I WILL BE A GRADE STUDENT AT:

TENTATIVE SCHEDULE OF ACTIVITIES PARTICIPATION REQUIRED

- Kick Off Banquet Radio Interviews
GCMH Foundation Golf Outing Community Service Project
Opening Number Rehearsals Talent Rehearsal
Full Pageant Rehearsal Interview Competition and Pageant Day
Rain Day Introductions & Performances

PARTICIPATION OPTIONAL

- Greene County Day at Kennywood
Dinner / Theater Wild Things Ball Game

Activities are subject to change

P.O. Box 288 • Waynesburg, PA 15370

www.missraindaypageant.org

Miss Rain Day Pageant Application to Participate Agreement

Please read and sign below:

I agree that if I am selected as Miss Rain Day, I will make every effort to represent Rain Day Scholarship Inc. and the title of Miss Rain Day at various community functions over the next twelve months as requested by the community at large. My appearances will include, but are not limited to; the Rain Day Festival, the Waynesburg Christmas Parade and the next Miss Rain Day Pageant and activities.

I recognize that the Board of Directors of Rain Day Scholarship, Inc. has the right to rescind my title of Miss Rain Day and name the first runner-up Miss Rain Day, if the Board feels I am not representing Rain Day Scholarship Inc. and the title appropriately. I also understand that if Miss Rain Day cannot fulfill her duties, the first runner-up will be named Miss Rain Day and complete the reign.

I am of good character, have never been married, divorced, had a marriage annulled, given birth to a child or convicted of a crime.

I also acknowledge that Rain Day Scholarship, Inc., or the Central Greene School District will not be held responsible for any injury which should occur during the events proceeding the pageant or during the pageant itself or during any scheduled Rain Day and Miss Rain Day Pageant activity. I do give my permission in case of an accident or injury that Rain Day Scholarship, Inc. may get medical attention for me.

I also acknowledge that as a contestant in the Miss Rain Day Scholarship Pageant, I will be expected to be present and take part in the Annual Rain Day Celebration on July 29th of the year in which I compete. I understand that I am expected to complete all duties as assigned, even if I am not named as Miss Rain Day. These duties may include working any concession or booth. I will be required to perform on stage, if requested on Rain Day. I fully understand failure to take part in the Rain Day activities as assigned will result in the forfeiture of any bonds I may have won during the pageant.

I have read and understand the above and have completed this application to the best of my knowledge. I agree to abide by all rules set forth as explained in the pageant handbook. I agree to read and become familiar with the handbook which I will receive at the Kick-Off banquet.

Contestant

Parent or Guardian

Date

My daughter has my permission to participate in any and all of the Miss Rain Day Scholarship Pageant activities. I understand that she will be chaperoned by the members of Rain Day Scholarship, Inc. at all **required** activities. I will not hold Rain Day Scholarship, Inc or any of its members responsible for any accident or injuries, which may occur.

Contestant

Parent or Guardian

Date

I hereby authorize Rain Day Scholarship, Inc to use my name and publish any media taken of me for use in Rain Day Scholarship, Inc's press releases, printed publications, website, etc. I recognize this authorization exists in perpetuity and I acknowledge my participation is voluntary.

Furthermore, I permit Rain Day Scholarship Inc to release my contact information, as requested, to local entities/partner organizations, including, but not limited to, the County of Greene, the Waynesburg Area Chamber of Commerce and the Greene County Memorial Hospital Foundation.

Contestant

Parent or Guardian

Date