**Miss HCHS Contestant Contract**

**Contestant Portion**

* I have read the Miss HCHS Important Facts and Guidelines and agree to all of the rules and regulations set forth to me by the Miss Houston County High School Pageant Committee.
* I understand that I must sell at least 10 pageant tickets. Unsold ticket fines will be referred to the front office. **\_\_\_\_\_\_ Initial**
* I have made note of important dates and deadlines mentioned. I understand the importance of attending the Contestant’s Tea on Saturday, February 2, 2019. I also understand that the Dress Rehearsal on Friday February 22nd is Mandatory.
* I understand that if I take part in activities unbecoming a pageant contestant and a disciplinary problem arises, I will be dismissed from the pageant without a refund. I promise to compete with good sportsmanship and will abide by the rules of the pageant.

Contestant Name

Contestant’s Signature: Date:

**Parent/Guardian Portion**

I grant permission for my child to participate in the Miss Houston County High School Scholarship Pageant. I understand that the sponsorship fee is non-refundable except in emergency situations. I will not hold the Miss Houston County High School Scholarship pageant committee or Houston County High School liable for any accidents that may take place during any activities related to the pageant, rehearsals, or the pageant itself.

Parent/Guardian’s Name

Parent/Guardian’s Signature: Date:

Early Application Deadline is January 25h, 2019. Please email to Carol Hamilton mshocopageant@gmail.com

*Deadline for Late Application is February 1, 2019 with an added $5.00 to the cost of the sponsorship.*

**Please print this page, sign and date, and bring with you to the Contestant’s Tea on Saturday February 2, 2019.**