

# **Application for Miss/Teen Hampton County Watermelon Festival Queen**

**April 29th at 7:00pm Open Arms Fellowship Church**

**Eligibility:**

1. Must be resident of Hampton County.
2. Teen Contestants age 14-17
3. Miss Contestants age 18-21
4. Contestants must be single, never married and have no children.
5. When a contestant is crowned Miss/Teen Hampton County Watermelon Festival, she must be available to fulfill all required duties of her reign. Queens will represent HCWF in 2017 festival activities during the week of the festival. You will also ride in parades such as the Water Festival and Yemassee Shrimp Festival.
6. Do not use alcoholic drinks and tobacco products.
7. Provide a 5X7 color photo with application and photo becomes property of The HCWF Committee.

**Categories:**

1. Casual Wear
2. Formal Wear

Winners will receive: Teen: sash and crown

Miss: sash, crown, and \$1000.00 college scholarship.

**Deadline for entries, April 14, 2017.**

**Mail entry to: Becky Young**

**130 Lee Avenue**

**Hampton, SC 29924**

**Phone: 803-942-1308**

**Receipt Confirmation will be by e-mail.**

**Rehearsal date: 04/28/17 at 7:00 at Open Arms Fellowship Church**

**Church Pageant date: 04/29/17 at 7:00 at Open Arms Fellowship Church**

# *Miss/Teen Hampton County Watermelon Festival Pageant Application*

\_\_\_\_\_ Teen \_\_\_\_\_ Miss Hampton County Watermelon Festival  
Year \_\_\_\_\_

Contestant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Parents: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current School (Middle/High): \_\_\_\_\_

College: \_\_\_\_\_

Classification (as of today's date): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

School Organizations/Clubs: \_\_\_\_\_

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Community/Volunteer Service Organizations: \_\_\_\_\_

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Church Affiliation/Attending: \_\_\_\_\_

Talents/Hobbies: \_\_\_\_\_

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Life's Ambition: \_\_\_\_\_

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\*\*\*In case of emergency, and we need to contact a family member, please provide us with a contact name and phone number of an emergency family contact.\*\*\*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

(only applicable if contestant is under 18 years old)