

# *Senior Ms. Lumbee Pageant Contestant Application 2024*

First Name	Last Name	Middle Name
Address (street number and name)		
City	State	Zip Code
Home Phone (include area code) (    ) _____	Date of Birth _____ MM/DD/YYYY	Age _____

## **TELL US ABOUT YOUR FAMILY**

Marital Status:    Single    Married    Separated    Divorced    Widowed

Name of Spouse \_\_\_\_\_

Number of Children you have? \_\_\_\_\_      Number of Grandchildren you have? \_\_\_\_\_

Number of Great-grandchildren you have? \_\_\_\_\_

## **TALENT INFORMATION**

Is your talent    Contemporary (Singing, etc.) or    Traditional (storytelling, sign language, etc.)

Description of Talent

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If singing, please list name of song

Title: \_\_\_\_\_

What equipment will you need? \_\_\_\_\_





**SPONSOR INFORMATION** (please list name and address of sponsor or sponsoring organization) Please include **Registration Fee of \$100.00** with application. **Make checks/money orders payable to the Lumbee Tribe of NC.**

Name of Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Fee: \$100.00

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_

Money Order

Cash

Tribal Enrollment# \_\_\_\_\_  
(Please attach photocopy)

Contestant # \_\_\_\_\_

**ACKNOWLEDGEMENT STATEMENT**

I agree not to hold the Lumbee Tribe of NC or any organization, facility or board member associated with this event liable for any loss, injury, and theft or otherwise occurring before, during or after participation in this event. I agree to abide by LTNC rules and decision. I agree that I will not pursue legal action against LTNC or its members in any form. I agree to allow my photo to be used in future LTNC advertising. Should I win the title, I agree to be available for public appearances and I agree to attend the pageant next year to relinquish my title to my successor.

\_\_\_\_\_  
Contestant Signature (unsigned applications will not be processed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Celeste Hunt, Senior Ms. Lumbee Coordinator

\_\_\_\_\_  
Date

*\*Incomplete applications will not be accepted.\**

