

Ocean City Division of Recreation Programs  
PRESENTS  
*Little Miss Ocean City Pageant*  
Friday, August 17, 2018

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(as of 8/1/18)

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Winter Phone # \_\_\_\_\_ Summer Phone # \_\_\_\_\_

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

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

Grade Entering this Fall: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Ambition: \_\_\_\_\_

Talent: \_\_\_\_\_ Props: \_\_\_\_\_  
(refer to regulation #4)

Gymnastics Mat: \_\_\_\_\_

Microphone Needed? Standing Mic \_\_\_\_\_ Body Mic \_\_\_\_\_ Cordless Hand Mic \_\_\_\_\_

Name of Music: \_\_\_\_\_

I have read and understand the rules and responsibilities of Little Miss Ocean City. If I am selected as Little Miss Ocean City, I will accept the terms and conditions of the title throughout my year of service.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Contestant) (Parent or Legal Guardian)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(Please Print) (Please Print)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE FOR ALL APPLICATIONS IS JULY 8, 2018.**

Register online at: [www.ocnj.us/recreation](http://www.ocnj.us/recreation). Mail application, picture, copy of your report card, Ocean City tax bill and a copy of your birth certificate to: LMOC Scholarship Pageant, 861 Asbury Avenue, Ocean City, NJ 08226.

