

Kadlec Sparkle and Shine Pageant Application

| Date: | Saturday, April 15th, 2:00 p.m. to 4:00 p.m. (Arrival time listed in packet materials) | | | | |
|-----------------|---|---|-----------------------------|--------|--|
| | Application du | e no later than March 22nd, lim | ited to first 15 paid appli | cants. | |
| Location: | Chief Joseph Middle School, 504 Wilson, Richland WA 99352 | | | | |
| Description: | Kadlec Sparkle and Shine Pageant is an event for special needs children and adults ages 5 through 21. The pageant is different from typical pageants; as it is not intended to designate a winner or winners, but instead, to highlight every participant's unique abilities, celebrate his/her beauty and recognizes whatever makes them 'sparkle and shine'. There will be an event panel of special guests who will view the participant and their pre-taped interview on pageant day. | | | | |
| | Every contestant will leave with an amazing experience including a sash, certificate professional photograph, goodie bag and an opportunity to meet local pageant re | | | | |
| | • | e encouraged to dress their bes or hair styling and make up will b t chooses. | | • | |
| Who: | Male and female contestants, ages 5 through 21 – not divided into age categories – max 15 participants | | | | |
| Cost: | \$15 perapplication, 1 application per participant | | | | |
| Parent/Guardia | an Name: | | | | |
| | | First | Last | | |
| Phone Number | ·(s): H | | Cell or Work | | |
| Email: | | | | | |
| Address: | | | | | |
| | Number | City | State | Zip | |
| Pageant Partic | ipant: | | | | |
| Age: | _years | Special Need: | Last | | |
| Any mobility ac | commodations | needed: | | | |





| Tell us a little about the participant: (Favorite Books, TV Shows, Foods, Favorite Color, Etc.): | | | | |
|--|--|--|--|--|
| | | | | |
| Pre-Taped Interview: | | | | |
| In lieu of performing a live "talent" on event day, we will film as support person(s) performing their talent. The interview will the (1-2 minutes) highlighting the participant's talent or what make played on event day. After you submit your application, you wi interview/filming date and time. | nen be edited into a short format video es him/her sparkle or shine which will be | | | |
| $\hfill\square$ The participant will participate in the pre-taped interview. P day/time. | lease contact us with the interview | | | |
| \Box The participant will NOT participate in the pre-taped interviewith only their name announced. (The participant may wave as | ,, | | | |
| \Box As an alternative, for those participants that do not want to be pre-taped interview talking about their child and what makes h | | | | |
| Agreement and Understanding | toff valuations and/or value | | | |
| By submitting this application, I understand that Pageant's location cannot be held liable for damages, theft or injury before, during or after event. | | | | |
| I understand the public and media will be invited to view tappear on film. | he event and the participants may | | | |
| I agree for my child to participate in the Kadlec Sparkle and | d Shine Pageant. | | | |
| Parent/Guardian Signature | Date | | | |
| Return this form and payment in person to: | To mail form and payment send to: | | | |
| Kadlec Healthplex 1268 Lee Boulevard, Richland WA | Kadlec Regional Medical Center Attn: Lisa Braudrick | | | |
| If you have questions, please call (509) 942-2660 ext. 5560 | 888 Swift Blvd., Richland, WA | | | |





| nternal Use Only |
|----------------------------|
| ☐ Application Received |
| □\$15 Paid |
| □ Interview Scheduled |
| ☐ Interview Taped / Edited |