

4th Annual
Miss Bayou Voice for Autism Pageant
Proceeds to benefit Autism Society Bayou Chapter

Date: May 20, 2017
Time: 12:00 PM & 5:00 PM
Place: Morgan City Jr High
911 Marguerite Street
Morgan City, Louisiana

Director: Crystal Carmichael
PO Box 551
Amelia, LA 70340
bayouautism@yahoo.com
bayouvoiceforautism2014@yahoo.com

Entry Fees: Baby thru Deb \$50
Early Entry Deadline: May 13, 2017
Fee Includes Photogenic and all side awards.

Jr. thru Ms. \$60
Door Entry: \$10

Dress Code: Baby thru Deb - Sunday Best (Natural, NO Hair Pieces, Light Makeup)
Junior thru Ms. - Formal

Interview and Self Intro: Teen thru Ms. - Interview at 10:00 AM.
Interview Dress Code: Sunday Best
Junior - Basic self intro only (Name and Contestant Number)

Divisions

| | | |
|-----------------------|---|-----------------------|
| 0-11 Months Baby Miss | 12-23 Months Toddler Miss | 2 Years T'nicity Miss |
| 3 Years Tiny Miss | 4-5 Petite Miss | 6-7 Little Miss |
| 8-10 Deb Miss | 11-13 Junior Miss | 14-16 Teen Miss |
| 17-23 Miss (Single) | Ms... Any age Married, Separated, or Divorced | |

Doors open at 11 AM. Baby Miss will start promptly at 12 AM and run thru to Deb Miss. Junior will start promptly at 5 PM.

Queens will receive a beautiful custom crown, monogrammed banner, and a nice gift.

Alternates will receive a certificate/plaque.

All side awards will receive a certificate.

Photogenic will receive a certificate and photo frame.

Jr. Miss, Miss, Teen Miss, and Ms. will have a limited contract.

There will be a mandatory meeting to review contracts with contestants on May 20 at 9:30 AM.

All New Queens will be required to attend Autism Society Bayou's 10th Annual 5k Run/Walk in the spring of 2018. All others are strongly encouraged to attend this amazing event to obtain the full experience of the reason of this pageant and learn the many reasons we stand to RAISE AWARENESS.

Please mail registration form and payment to Autism Society Bayou, PO Box 551, Amelia, LA 70340

Any questions, please contact the Director or Autism Society Bayou at
bayouautism@yahoo.com



Contestant Info

Division: _____ **Photo:** ___ Yes ___ or ___ No _____

Name: _____ **Age:** _____ **D.O.B.:** _____

Parents: _____ **Sponsor:** _____

Hair Color: _____ **Eye Color:** _____ **Fav. Food:** _____

Fav. Person: _____ **Fav. Movie:** _____ **Fav. Color:** _____

Grade: _____ **School:** _____

Clubs/Organizations: _____

Hobbies: _____

Ambitions: _____

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I understand that Morgan City Jr High, Pageant Directors, Autism Society Bayou and Volunteers are NOT responsible for personal injury, nor lost stolen and/or damaged property. Bad sportsmanship will NOT be tolerated, you will be asked to leave without a refund! All judges' decisions are final! Score sheets can be viewed the day of for a \$2 donation. No refunds or transfers will be given. Please make check to Autism Society Bayou. Thank you for your support.

Parent/Guardian's Signature: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Email: _____ **Phone:** _____

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For Office Use Only

Division: _____ **Paid:** _____ **Check Number:** _____

Photogenic: ___ YES ___ NO ___ **Overall:** _____