

5th Annual
Miss Bayou Voice for Autism Pageant

Proceeds to benefit Autism Society Bayou Chapter

Date: May 19, 2018

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

Jr. thru Ms. \$60

Early Entry Deadline: May 13, 2018

Door Entry: \$10

Fee Includes Photogenic and all side awards.

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 19th at 9:30 AM.

All New Queens will be required to attend Autism Society Bayou's 11th Annual 5k Run/Walk in the spring of 2019. 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:** _____