

BLOSSOMTIME FESTIVAL BUD PRINCE AND PRINCESS PAGEANT HOTLINE 2008

Dear Bud Parents,

We are looking forward to meeting you. This year's pageant theme is; Cruising the World. Before we have our first meeting, we would like to give you some answers to questions that you may already have been thinking about. This letter is intended to address questions and prepare you for what will be coming up within the next few weeks. Please write down any additional questions that come to mind and we'll discuss them at the parents meeting at the first rehearsal. This will allow everyone to hear the same answers to questions that he/she may have.

The objective of this pageant is to select a Bud Prince and Princess to represent their age segment in the Blossomtime Festival activities, including many **mandatory** appearances. Parents of the 2008 Bud Court will be kept informed of festival activities that are **required** of them. During festival week, April 27- May 3, the Prince and Princess will participate in the following events:

| | |
|----------|---|
| March 10 | Miss Blossomtime Pageant |
| April 12 | Coronation Ball |
| April 27 | Blessing of the Blossoms |
| April 30 | Blossomtime Fashion Show |
| May 1 | Youth Parade |
| May 3 | Grand Floral Parade along with many summertime parades! |

There may be additional appearances during that week and throughout the summer months. Parents of the winners will be kept up-to-date by "The Royal Banner", the festival newsletter, or in individual letters.

REHEARSALS:

Place: Chapel Hill Methodist Church, Sodus, MI
Directions: Corner of Naomi and Hillandale. Phone # 927-3454
Dates: **Sunday, November 11** from 1:30-4:30 p.m.
Sunday, November 18 from 1:30-4:30 p.m.
Sunday, November 25 from 1:30-4:30 p.m.
Please be on time!

What to bring: Pageant shoes and socks to practice walking.

What to wear: Casual wear, tennis shoes, and a smile! (You will be learning a dance.)

****Parents and Participants:** Your assistance in helping put back the tables and chairs at the conclusion of the rehearsals would be greatly appreciated. Thank you in advance!

PAGEANT DAY SUNDAY, DECEMBER 2, 2007

Place: Dowagiac Middle School Performing Arts Center, 57072 Riverside Drive,
Dowagiac.

Time: 2:30 p.m.

** Schedule will be handed out at 2nd rehearsal

TICKETS:

** Order forms for pageant tickets will be handed out at the 1st rehearsal.

JUDGING CRITERIA:

Contestants will be judged on poise, personality, natural beauty and stage presence. Contestants will have a three-minute interview with the judges on the day of the pageant. Your time will be determined by your contestant number in the pageant. If your number is #1, you will be the first one to have your interview.

PAGEANT WEAR:

Girls: Dressy dresses – long, short, or tea length. Ankle socks and dress shoes.

Boys: Tux or suit or sport coat with a shirt, tie, dress slacks, socks and dress shoes.

OPENING NUMBER:

Girls and Boys: Printed pageant shirts (you purchased them with the entry fee.) You will need to supply blue jean shorts that are no more than 3" above the knee, white tennis shoes, white socks. We will provide the contestant numbers!

EMERGENCY MEDICAL FORM:

Many of you have already turned in this form. If you have not, please fill out the one enclosed and bring it with you to the first rehearsal! No complete form – no practice!

OTHER REMINDERS:

- No make up of any kind! Your child needs to be natural, no hair extensions or fake nails. Nail polish is only allowed if it is clear.
- Attendance at all practices is mandatory. **Or must be excused by the chair person prior to the practice.
- Please arrive at all practices at 1:15 pm to allow time for check in.
- The children will be served light refreshments.

Further questions please contact the Blossomtime Office at 926-7397.

Thank you.

**OFFICIAL ENTRY FORM
2008 BLOSSOMTIME FESTIVAL
BUD PRINCE & PRINCESS PAGEANT**

\$60.00 Entry Fee (includes opening number & T shirt). Candid snapshot or school photo. Will accept ONLY a 4"X 6" size picture. Photo must accompany application. Photo will not be returned

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____ MALE/FEMALE _____

HEIGHT _____ HAIR COLOR _____ EYE COLOR _____

Shirt Size _____

NAME OF FATHER _____ PHONE # _____

ADDRESS _____

NAME OF MOTHER _____ PHONE # _____

ADDRESS _____

BROTHERS/SISTERS, NAMES & AGES _____

NAME OF SCHOOL PRESENTLY ATTENDING _____

PREVIOUS TITLES HELD & DATES _____

INTERESTS AND ACTIVITIES _____

APPLICATION DEADLINE: November 7, 2007

(See reverse side)

1. All entrants must be 6 years old by September 1, 2007 and not more than 9 years old by September 1, 2008.

2. All entrants must continuously reside with a parent or legal guardian and maintain a permanent, year-round residence within Southwest Michigan.

3. I represent that as of December 2, 2007, I hold no other local, state, or national and understand that I am not eligible to participate in the Bud Prince and Princess Blossomtime Pageant if I do.

While a member of the Bud Prince and Bud Princess and Court's, I understand that I may not compete for any other title during the year of my reign or the Court's reign.

4. Entrants may not wear make-up during the competition.

5. Recommended apparel for prince contestants is a suit, tux or sport coat and slacks, shirt and tie. Recommended apparel for princess contestants is a short or long dressy dress and ankle socks (no nylons please).

6. All entry fees are non-refundable and must be received (with photos) no later than November 7, 2007. Pictures will not be returned.

If our contestant is selected as the Bud Prince or Princess, we as parents or legal guardians of the contestant agree to the following:

A. The entrant will attend all Blossomtime Festival events requested by the committee even though another date may conflict with the festival schedule.

B. Entrant will not attend any events unless a written invitation is received by the Blossomtime Office and approved by the Chaperone Committee.

C. From the date of selection, entrant will not advertise, endorse, or in any way support any commercial product, or make any personal appearances as a representative of the Blossomtime Festival without the written consent of the Blossomtime Festival Board of Directors or the Chaperone Committee.

PARENTS' RELEASE: We are the parents or legal guardians of the entrant named on this form, and we hereby give our consent for the entrant to appear in the Blossomtime Festival Bud Prince & Princess Pageant on, December 2, 2007, at the Dowagiac Performing Arts Center, Dowagiac, and to participate in all official Blossomtime Festival events.

Father/Guardian _____
Signature Date

Mother/Guardian _____
Signature Date

Please mail this form with your entry fee to:

Blossomtime Festival
151 E. Napier Avenue
Benton Harbor, MI 49022

Visit us on the web: www.blossomtimefestival.org

**BLOSSOMTIME FESTIVAL
EMERGENCY MEDICAL TREATMENT**

CONTESTANT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____
Street City State Zip

CONTESTANT'S EMAIL ADDRESS _____

MOTHER'S NAME _____ HOME# _____ CELL# _____

ADDRESS _____ WORK# _____

MOTHER'S EMAIL ADDRESS _____

FATHER'S NAME _____ HOME# _____ CELL# _____

ADDRESS _____ WORK# _____

FATHER'S EMAIL ADDRESS _____

LEGAL GUARDIAN'S NAME _____ HOME# _____ CELL# _____

ADDRESS _____ WORK# _____

LEGAL GUARDIAN'S EMAIL ADDRESS _____

TO BE COMPLETED BY THE CONTESTANT

Do you faint easily? Yes _____ No _____ Do you get carsick? Yes _____ No _____

Are you currently under a physician's care? Yes ___ No ___ If yes, list reason _____

Do you take medication daily? Yes ___ No ___ If yes, list medication(s) _____

Name of Physician _____ Phone _____

Address _____

Name of Dentist _____ Phone _____

Address _____

Are you allergic to any food of medication? Yes ___ No ___ If yes, please list them _____

Past history of any major illness of surgery _____

Name of Health Insurance _____ Group # _____

(Turn over)

CONSENT FOR MEDICAL/DENTAL/SURGICAL TREATMENT

Name of patient _____, minor.

Permission is hereby given to this hospital, its physicians and its nursing staff to administer any treatment, diagnostic, therapeutic, or to administer such surgical procedures as may be deemed necessary or advisable in the diagnosis and treatment as condition warrants, and to release information as may be necessary for hospital claims.

Signature of Parent/Legal Guardian

Signature of Witness

Relationship to Patient

Date

Form must be turned in with your Entry Form