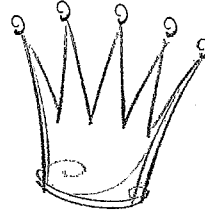




Little Miss Foley Program
PO Box 709
Foley, MN 56329



Welcome to the Little Miss Foley Program! We are excited to have your daughter participate in our program. To be eligible to participate, your daughter must be 7 years of age by June 1st of this year. She must be a resident of Foley, Minnesota or its surrounding community.

Enclosed are the Application and Medical Release forms for the Little Miss Foley Program. These forms must be completed and received on or before _____, Only the first 10 applications received will be accepted. This program is NOT a judged program. The winner is selected by a random drawing.

Child Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

*required

E-Mail Address: _____

Mother's Name: _____ Father's Name: _____

Phone Number: _____ Phone Number: _____

Address (If Different Then Above): _____

Siblings (Name and Age of Each Sibling): _____

Education

School Name: _____ Grade Completed: _____

What do you enjoy most about school? _____

What activities are you involved in outside of school? _____

What community events have you been involved in? _____

What kind of pet do you have if any? _____

What do you like to do for fun? _____

What are your hobbies or special interests? _____

What do you like to do in Foley? _____

List any other information about your daughter that could be used for coronation: _____

Terms and Agreements

We understand that photographs will be taken that include our daughter and may be placed in local papers, websites, and other social medias.

We understand that either a parent or guardian needs to accompany our daughter to all Foley Ambassador events that she attends as Little Miss Foley. We understand that if a parent or guardian cannot accompany her, *that her appearance at the event will be cancelled.*

We understand that as a candidate, ambassador, or parent/guardian thereof, we are requested to act with discretion and decorum at all times. This includes respectable speech and manner at events and when in public.

We understand that tiaras and sashes worn will remain the property of the Ambassador Committee until the reign is successfully completed. Royal Cloaks are property of the committee and will remain with the float after each event. Tiaras and sashes will be worn when attending events as an Ambassador.

Date; _____

Parents and/or Guardians Printed Names: _____

Parents and/or Guardians' Signatures: _____

Little Miss Foley Program
Medical Release Form

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Father's Name: _____

Phone Number: _____ Phone Number: _____

Address (if different then above): _____

If unable to reach parents in the case of an emergency:

Please contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION:

Allergies: _____

Medical conditions we should know about: _____

Medications routinely taken by the individual: _____

Individual's physician: _____

Clinic Name: _____ Phone Number: _____

Name of Insurance: _____

Policy Holder: _____

Group #: _____ Policy #: _____

Release for emergency care: In case of an emergency during any event with the ambassadors, I (we) give permission to any member of the Ambassador Program or their volunteers to seek emergency medical treatment for my (our) child. This includes the use of anesthesia should this be necessary.

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

