

*Entry Form  
Junior Miss St. Clement Competition*

*To be held at the Le Rocquier School on Sunday 22<sup>nd</sup> April 2018 at 2:30pm  
Contestants to arrive at 2:00pm*

*Surname:* .....

*Forename(s):* .....

*Address:*  
.....  
.....

*Postcode:* .....

*Name of parent:* .....

*Parent's contact details:* .....

*Place of birth:* .....

*Date of birth:* ..... *Age on 07.05.18:* .....

*Please note that all entrants must be aged between 8 - 11 years on 07.05.18 and have live in the parish for at least 6 months and Jersey for 2 years to qualify for entry.*

*School:* .....

*Hobbies and interests:*  
.....  
.....

*Why do you want to be Junior Miss St. Clement?*  
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.....  
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.....

**Parental consent**

I hereby give consent for my child ..... to participate in the Junior Miss s. Clement competition. I understand that I will need to chaperone my child at the event and, if successful, at all future events.

**Signed:** .....

### **Parent Photography Agreement**

I hereby give consent for my child's photograph to be taken for use by St. Clement Battle of Flowers Association and the Parish of St. Clement. I understand that these images may be used in online posts, the local media and the parish magazine and website.

Signed..... Date.....