

2019 Swamp Buggy Queen Scholarship Pageant Contestant Consent Form

Name

Address

City

State

Zip Code

Phone

Cell Phone

E-Mail

I, _____ have received a copy of the the Swamp Buggy Queen Scholarship Pageant Rules and agree to abide by all the terms and conditions. I, also agree to provide Swamp Buggy Incorporated with copies of all my academic records, including but not limited to my grade and attendance records. I understand that these will be used in the judging process and the information will be shared with the judges and not be shared beyond the capacity.

Contestant's Signature

Date

Parent's Signature, if under minor

Date

State of

County of

The foregoing instrument was acknowledged before me this ____ day of ____ 20__ by _____, who is personally known to me or has produced _____ as identification and who did not take an oath.

Notary Public

Printed Name