

SEA PRINCESS APPLICATION – 2018 MAINE LOBSTER FESTIVAL

Please type or print all the information requested. Submit this application and 2 wallet-size up to 8X10 **head shot glossy print, portrait quality** suitable for newspaper reproduction, (not enclosed in plastic); in color & a copy of your Driver’s License or State-Issued Photo ID certificate of age to:

Maine Lobster Festival, c/o Coronation Committee, P.O. Box 552, Rockland, ME 04841

For any questions, please phone Sharon T. Lombardo at 594-4559/Cell: 691-5203

DEADLINE: 3/31/18

NOTE: No application will be accepted unless accompanied by the full \$500 entrance fee. Checks should be made payable to **Rockland Festival Corp.** Be sure we have full name and contact information of sponsor(s). Incomplete applications or applications postmarked before February 13, 2018 will not be accepted and will be returned to the applicant.

APPLICANT’S FULL NAME: _____

ADDRESS: _____

PARENT’S NAMES: _____

ADDRESS: _____

PHONE: (DAY:) _____ (NIGHT:) _____ HEIGHT: _____ DRESS SIZE: _____

(CELL:) _____ (EMAIL ADDRESS :) _____

HOBBIES: _____

NAME OF HIGH SCHOOL: _____ YEAR OF GRADUATION: _____

SCHOOL ACTIVITIES: _____

FUTURE PLANS: _____

PRESENT EMPLOYMENT/SCHOOL: _____

SPONSORS:

NAME: _____ CONTACT _____ AMT. \$ _____

ADDRESS: _____ ZIP: _____ PHONE: _____

NAME: _____ CONTACT _____ AMT. \$ _____

ADDRESS: _____ ZIP: _____ PHONE: _____

NAME: _____ CONTACT _____ AMT. \$ _____

ADDRESS: _____ ZIP: _____ PHONE: _____

NAME: _____ CONTACT _____ AMT. \$ _____

ADDRESS: _____ ZIP: _____ PHONE: _____

NAME: _____ CONTACT _____ AMT. \$ _____

ADDRESS: _____ ZIP: _____ PHONE: _____

2018 ROCKLAND FESTIVAL CORPORATION

Coronation Contest Consent Form

In consideration of acceptance of this entry, I hereby agree to abide by the Guidelines set forth in this contest. I also hereby waive and release any and all rights and claims from damages I may have against the sponsors and officials for any and all injuries suffered by me in this contest.

Applicant's name

Witness

PHOTO CONSENT FORM

I, _____ consent that the photographs, artwork, audio, video, or writing submitted may be used by the Rockland Festival Corporation, its assigns or successors, in whatever way they desire, including television, CD-ROMs, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that such information, photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of Maine on this ____ day of _____, 2018.

Name: _____

Age: _____

Name of Parent/Guardian or Witness: _____
(If under the age of 18)

Signature: _____

Street Address: _____

City, State, Zip: _____

Phone Number: (____) _____

Participant/Guardian Permission Form

Food Allergy

Participant/Guardian agreement to participate in the 2018 Maine Sea Goddess Coronation.

_____ (Name of Participant) will be eating at several locations during activities leading up to the 2018 Maine Sea Goddess Coronation. It is important for the Coronation Committee, restaurants that we attend, and others who may be participating and providing food to know that an individual may have a food allergy. All individuals and food allergies will be kept confidential. We will provide food alternatives for these individuals.

We please ask that you disclose any known food allergies or restrictions to ensure the safety of _____ (Name of Participant). Participant and Guardian, please initial next to the corresponding statement.

_____ Has no known food allergies or restrictions.

_____ Has known food allergies and/or restrictions which include,

I have read the above statements and I understand the importance to report any known food allergies for the safety of my child while participating in the 2018 Maine Sea Goddess Coronation.

Signature of Participant ***Date***

Signature of Parent or Guardian ***Date***

****** Please contact Sharon Lombardo with any questions at 594- 4559.******