

**2017-2018
Spirit Ambassador Competition
Contestant Form**

Name: _____ Birth date: _____ Bethel # _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Personal History (tell us about yourself)

Name of School: _____ Grade: _____

Activities and Hobbies: _____

Achievements (School, Job's Daughters, Personal . . .etc.): _____

Ambitions and Goals: _____

I want to be a Spirit Ambassador because: _____

I verify that the above Daughter has passed the proficiency test and is a member in good standing.

Bethel Guardian/ Guardian Secretary

Date

I give my permission for _____ to participate in the Spirit Ambassador Competition. I understand the possible financial, time and participation commitment should my daughter be chosen for the position of Spirit Ambassador.

Parent/Guardian Signature

Date

If your daughter is currently on an IEP program for testing accommodations, please let Nicole Bronson know and we will do our best to honor those accommodations the day of the pageant

NOTE: Registration fee of \$15.00 should accompany this form (checks payable to Grand Guardian Council). Please note financial assistance is available if the registration fee is an issue.

Must be POSTMARKED (or hand delivered) BY SATURDAY, August 19th, 2016

Please mail to:

Nicole Bronson, Pageant Chairman
212 E 7660 S Rear Unit
Midvale, Utah 84047
(801) 707-0230
Gbhq13@outlook.com

Don't forget:

Spirit Ambassador Sleepover
August 26th at 6:30 pm
Bountiful Masonic Temple
143 West 1000 North

