



Voluntary Information Form

****You are not required to provide any of the information below. Any information you choose to provide is voluntary and at your own discretion.****

It is our goal to make the pageant experience as safe and comfortable as possible for everyone. Any information you choose to share will be utilized by pageant personnel for ***only*** this purpose.

Name:

Title:

Cell Phone:

Other Phone:

Emergency Contact

Name:

Relationship:

Cell Phone #:

Second Emergency Contact

Name:

Relationship:

Cell Phone #:

Please list any food or other allergies of which you'd like us to be aware:

Please list any food restrictions of which you'd like us to be aware:

Please list any medical or other conditions for which you might require accommodations during your pageant experience:

Please list all medications for which you might need assistance administering:

Please note any additional information about you of which you'd like us to be aware: