



Young Women of Excellence/Young Men of Valor

Pageant & Beautillion

REGISTRATION FORM

Sister Deborah Robinson, Executive Team Lead

Louisiana First Jurisdiction
CHURCH OF GOD IN CHRIST

(Please type or print neatly)

NAME _____ DATE _____

ADDRESS _____
Street City State Zip

PHONE _____ PHONE _____ AGE _____
Home Church

NAME OF CHURCH _____ PASTOR _____

DISTRICT _____ SUPERINTENDENT _____

PAGEANT

Check one
(age 16-22)

(age 13-15)

(age 10-12)

(age 5-9)

___ \$100.00

___ \$100.00

___ \$100.00

___ \$100.00

For Office Use Only

Name _____ Date _____

Amount Paid \$ _____ Received By _____



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Agreement

I, _____ HEREBY AGREE TO ABIDE BY THE RULES AND GUIDELINES THAT HAS BEEN SET BY THE ROY L. H. WINBUSH SCHOLARSHIP FOUNDATION BOARD. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THE GUIDELINES WILL AUTOMATICALLY DISQUALIFY ME FROM THESE PAGEANT ACTIVITIES AND DOING SO, I HAVE FORFEITED ALL PAGEANT MONEY, PRIZES, AND AWARDS.

Parent's Signature: _____

Participant's Signature: _____

Witnessed By: _____
(Director of Scholarship Foundation)

Date: _____



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Personal Data Form

Signature Name _____

Address: _____

Telephone Number: _____

Grade Level: _____

GPA: _____
(transcript provided as documentation)

Parent (s) Name(s) _____

Church: _____ Pastor _____

Involvement in Ministry: Please give a brief description of your involvement; attach reference letters from pastor, teacher/school counselor, sponsor, etc)

LOCAL: _____

DISTRICT: _____

ACADEMIC INVOLEMENT /ACHIEVEMENT: _____

COMMUNITY INVOLVEMENT: _____

NAME ONE PERSON WHO HAS INFLUENCED/IMPACTED YOUR LIFE.
HOW? _____

WHAT MINISTRY HAS GOD GIVEN
YOU? _____

Parent's Signature

Pastor's Signature



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Garment Description

Name _____

Color(s) _____

Style (i.e. suit or dress, etc)

Accessories (hat, shoes, purse, scarves, etc)

****Please bring this sheet filled out the first day of competition. Give to the Director upon arrival.****