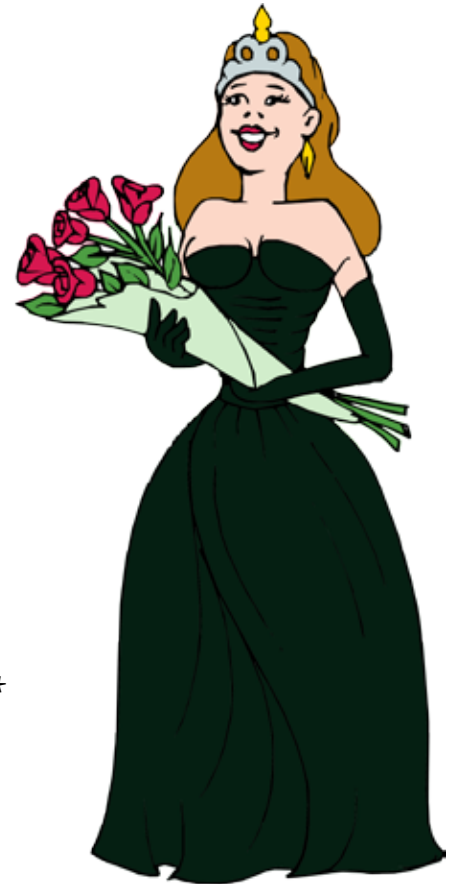
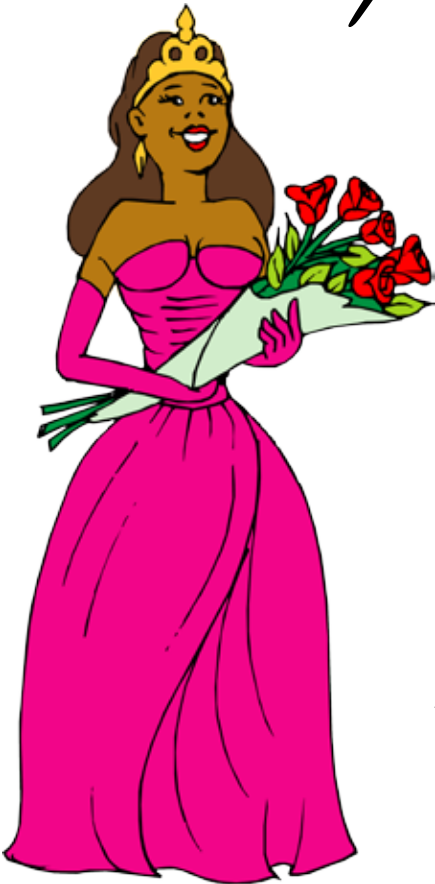


# Texas Chiropractic College

## Spring Pageant



*When:*

June 19 & 20, 2009

*Where:*

Elliott Auditorium  
TCC Campus

*Who:*

Ages: 6 months & up –  
Male & Female competitions\*

*Fee:*

\$100 Entry Fee  
(\$30 non-refundable)

*Sign up today!*

*Sign up today!*

*All participants will receive a trophy.  
The winner of the 18 Year & Older Category will receive a  
\$1,000 Scholarship to any accredited college.*

*For More Information or to Enter  
Contact Debbie Salisbury at 281-998-6085*

*\*Some restrictions may apply. See rules and regulations for details.*

*2009 Mr. & Ms. Texas Chiropractic College  
Spring Pageant – Entry Form*

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Age Group: \_\_\_\_\_

Age: (as of March 1, 2009) is \_\_\_\_\_ years \_\_\_\_\_ months

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Names of Parents: \_\_\_\_\_

Names of Spouse and/or children: \_\_\_\_\_

**Babies Only:**

Favorites: Color \_\_\_\_\_ Food \_\_\_\_\_ Playtoy \_\_\_\_\_

**Older Contestants:**

Sports/Games/Hobby: \_\_\_\_\_

School/Work: \_\_\_\_\_

Inspiration: \_\_\_\_\_

Special Talent: \_\_\_\_\_

I hereby release, waive, discharge and covenant not to sue and hold harmless Texas Chiropractic College, its employees, personnel, volunteers, and all persons involved in the production of this event from any and all liability, claims, costs and expenses whatsoever arising out of or related to any loss of person or property, damage, or injury, that may be sustained by my participation in this event. I further agree and give absolute right and permission to Texas Chiropractic College, its legal representatives, assigns and transferees, the entire right, title and interest to use photographic pictures, reproductions and images of myself for the purposes of advertising, trade, reproduction rights and any other lawful purpose whatsoever. I hereby waive any right to inspection and/or approval of the finished product. I hereby release and discharge Texas Chiropractic College, its legal representatives, assigns or transferees, from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, as produced in any said product.

I, the undersigned, hereby state that I am 18 years of age or older. (Signature of parent or legal guardian required if subject is under the age of 18 years)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
Name of Participant :

<b>Entry Fee</b> (includes \$30 Registration Fee)	<b>\$100.00</b>
<b>Registration Fee</b> (mandatory for all competitions & non-refundable)	<b>\$30.00</b>
___ <b>Physical Fitness Competition</b> (Optional)	<b>\$30.00</b>
___ <b>Photogenic/Beauty</b> (Optional)	<b>\$20.00</b>
___ <b>Extra Photos</b> (Optional) (# ___ photos x \$15.00 ea)	_____
___ <b>Portfolio</b> (Optional)	<b>\$25.00</b>
<b>TOTAL DUE &amp; ENCLOSED</b>	<b>\$ _____</b>

Payment Method: Check \_\_\_ Money Order \_\_\_ Payable to: **Texas Chiropractic College**  
 MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ American Express \_\_\_

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_