



APPLICATION PROCESS

TO SIGN UP FOR THE MISS IOWA PRINCESS CAMP:

- **COMPLETE & SIGN:**
 - REGISTRATION FORM
 - REGISTRATION PAYMENT FORM
 - STATEMENT OF UNDERSTANDING
 - SPONSOR FORM (IF APPLICABLE)
 - EMERGENCY CONTACT/MEDICAL INFORMATION FORM
 - PHOTOGRAPHY & WEBSITE RELEASE FORM
- **PHOTOS:**
 - JPEG FILE TO PRINCESS@MISSIOWA.COM FOR THE COMMEMORATIVE MISS IOWA PROGRAM BOOK, MISS IOWA WEBSITE AND PUBLICITY
- **PRINCESS CAMP FEES:**
 - \$300
 - \$280* SIBLING DISCOUNT RATE (*1ST PRINCESS PAID AT FULL PRICE)
 - \$250 RETURNING PRINCESS WITH HER MISS IOWA PRINCESS CROWN

EMAIL ALL FORMS & PHOTO WITH CREDIT CARD PAYMENT TO: PRINCESS@MISSIOWA.COM OR

MAIL FORMS AND CHECK TO (Note-Photo must still be emailed):

MISS IOWA SCHOLARSHIP PROGRAM
ATTN: PRINCESS CAMP
P.O. BOX 1595
DAVENPORT, IA 52809

QUESTIONS ABOUT PRINCESS CAMP

Please read through ALL information on the Princess Camp Tab of the Miss Iowa website:

www.missiowa.com If you have additional questions, please email our Princess Camp Coordinator, Taylor Wiebers at princess@missiowa.com. Should you need to speak with a member of the Miss Iowa Board of Directors, please email Rachael Vopatek at president@missiowa.com or Lisa Durbin at treasurer@missiowa.com.

PLEASE NOTE THAT PRINCESS CAMP REGISTRATIONS WILL BE ACCEPTED ON A FIRST COME, FIRST SERVED BASIS. ONLY THE FIRST 25 PAID REGISTRANTS WILL BE ACCEPTED. AS SUCH, PLEASE REGISTER AS SOON AS POSSIBLE TO GUARANTEE A SPOT FOR YOUR PRINCESS.



REGISTRATION FORM

PRINCESS INFORMATION

FULL NAME _____

(PLEASE LIST NAME EXACTLY AS YOU WISH IT TO APPEAR IN THE MISS IOWA PROGRAM BOOK.)

NICKNAME _____

BIRTH DATE _____ AGE (AS OF JUNE 1ST, 2017) _____

HOW DID YOU HEAR ABOUT PRINCESS CAMP (PLEASE CIRCLE ONE):

PREVIOUS PARTICIPANT RECRUITED BY CONTESTANT FACEBOOK FLYER OTHER

IF RECRUITED BY CONTESTANT, PLEASE LIST CONTESTANT NAME _____

IF A SIBLING(S) IS ALSO IN PRINCESS CAMP, PLEASE LIST NAME(S): _____

PARENT OR GUARDIAN INFORMATION

PARENTS/GUARDIANS FULL NAME(S)*: _____

(*FIRST AND LAST NAME OF BOTH PARENTS/GUARDIANS. PLEASE LIST SEPARATELY IF DIVORCED OR SEPARATED, IF YOU WISH.)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

HOME PHONE: () _____ CELL () _____

CHILD'S T-SHIRT SIZE (PLEASE MARK CHOICE)

YOUTH SIZE: XS___ S___ M___ L___ ADULT SIZE: S___ M___ L___ XL___ 2X___

PRINCESSES RECEIVE ONE COMPLIMENTARY T-SHIRT. FOR ADDITIONAL T-SHIRTS (FOR PRINCESSES, PARENTS OR OTHER), PLEASE INDICATE NUMBER AND SIZES ABOVE, \$15 EACH. PLEASE INCLUDE PAYMENT WITH PRINCESS CAMP APPLICATION.

THIS INFORMATION IS CONFIDENTIAL AND USED ONLY FOR THE MISS IOWA SCHOLARSHIP PROGRAM.

PARENT SIGNATURE _____ DATE _____



REGISTRATION PAYMENT FORM

REGISTRATION FEE(S): \$ _____

ADDITIONAL SHIRT(S): \$ _____

REGISTRATION TOTAL: \$ _____

PLEASE SELECT PAYMENT TYPE

(IF YOU HAVE MULTIPLE FORMS OF PAYMENT PLEASE MAKE NOTE OF THAT BELOW):

_____ CHECK (PLEASE MAKE CHECKS OUT TO MISS IOWA SCHOLARSHIP PROGRAM)

_____ CREDIT (PLEASE COMPLETE THE INFORMATION BELOW)

_____ SPONSORSHIP (PLEASE COMPLETE THE SPONSORSHIP COMMITMENT FORM)

FOR CREDIT CARD PAYMENTS, SUBMIT VIA MAIL OR PRINCESS@MISSIOWA.COM:

CARD NUMBER (MASTER CARD, VISA & DISCOVER ACCEPTED):

SECURITY CODE: _____

EXP. DATE: ____ / ____

TOTAL AMOUNT TO CHARGE TO CARD: \$ _____

CARDHOLDER'S NAME: _____ PHONE: _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

AUTHORIZED SIGNATURE: _____



STATEMENT OF UNDERSTANDING

As parents or legal guardian of _____, we submit her application for approval. We agree to conduct ourselves at all times in a professional manner. We will ensure that our daughter will conduct herself in a proper manner at all times and will be prompt to all Miss Iowa Princess Camp activities. We understand that this is NOT a competition, but a mentoring and learning experience conducted by the Miss Iowa Scholarship Program.

TRANSPORTATION, HOUSING AND MEALS

I further understand that I will need to furnish transportation to all Miss Iowa Princess Camp activities. I acknowledge that Miss Iowa Princesses and their families are responsible for their own housing and meals during Miss Iowa Pageant week.

General Rules and Guidelines

Any Princess whose conduct is deemed unbecoming by the Miss Iowa Princess Camp Committee or Miss Iowa Board will be asked to withdraw from the Miss Iowa Princess Camp and will no longer be eligible for future participation. Princess Camp fee is non-refundable.

No one is permitted backstage at any time except security, stage personnel, pageant officials and production members. Miss Iowa Princesses will only be allowed backstage when accompanied by a pageant official.

No one will be permitted in the Adler Theatre dressing rooms except authorized personnel. Miss Iowa Princesses should plan to arrive for the evening portion of Princess Camp dressed in production wardrobe, as specified by Princess Camp officials.

Please direct any problems or complaints to the Princess Camp Coordinator, Taylor Wiebers or Miss Iowa Board Representative immediately so that they can be resolved in a timely manner.

Please have your Princess arrive on time for Princess Camp. Tardiness results in scheduling delays and must be avoided.

Please label your child's belongings before arriving at Princess Camp. The Miss Iowa Scholarship Program is not responsible for lost or stolen personal items.

I hereby waive and release the Miss Iowa Scholarship Program Management Corporation from any and all liability for any injuries or illnesses incurred while at Princess Camp. I will be responsible for any medical or other charges in connection with my daughter's attendance. I know of no medical or physical problem which may affect my child's ability to safely participate in this Miss Iowa Princess Camp.

Parent Signature _____ Date _____



SPONSOR FORM

Name of Princess: _____

Name of sponsoring person or business: _____

Phone number (_____) _____ Cell Phone (_____) _____

Email: _____

I agree to sponsor a Miss Iowa Princess and understand the contribution is non-refundable. This sponsorship payment will entitle me or company to be listed as a Princess Camp sponsor in the Commemorative Miss Iowa Program Book.

FULL SPONSORSHIP: \$ _____ OR PARTIAL SPONSORSHIP: \$ _____

**PLEASE SUBMIT THIS FORM AND PAYMENT TO THE PRINCESS YOU ARE SPONSORING OR SUBMIT TO:
MISS IOWA PRINCESS CAMP
P.O. Box 1595
Davenport, IA 52809**

PLEASE SELECT PAYMENT TYPE (IF YOU HAVE MULTIPLE FORMS OF PAYMENT PLEASE MAKE NOTE OF THAT BELOW):

_____ CHECK (PLEASE MAKE CHECKS OUT TO MISS IOWA SCHOLARSHIP PROGRAM)

_____ CREDIT (PLEASE COMPLETE THE INFORMATION BELOW)

CARD NUMBER (MASTER CARD, VISA & DISCOVER ACCEPTED):

_____ SECURITY CODE: _____ EXP. DATE: ____/____

TOTAL AMOUNT TO CHARGE TO CARD: \$ _____

CARDHOLDER'S NAME: _____ PHONE: _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

AUTHORIZED SIGNATURE: _____



PRINCESS EMERGENCY CONTACT AND MEDICAL INFORMATION

Please provide the information listed below for your Princess. The information will not be distributed outside Miss Iowa staff and will be only used in case of an emergency during Princess Camp.

Princess Name: _____

Who should be called in case of an emergency?

(1) Name: _____ Phone # _____

(2) Name: _____ Phone # _____

Medical History & Information:

Family Physician: _____ Physician's Phone # _____

Blood Type: _____

List all known allergies: _____

List all Medications and vitamins/supplements child is currently taking: _____

Any physical issues/problems that could cause your Princess discomfort: _____

List of people who the Princess can be released to and relationship to Princess:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Parent/Guardian Signature _____ Date _____



PHOTOGRAPHY AND WEBSITE RELEASE

Princess Name: _____

Permission to Use Copyright Negative or Print and Website Release

As photographer and copyright owner of attached negative(s) or print(s), I grant permission for my negative(s) or print(s) to be used in connection with the Miss Iowa, Miss Iowa's/Miss Iowa's Outstanding Teen and/or Miss Iowa Princess Camp and any commercial activity emanating therefrom as well as for the purpose of producing photo cards, invitations, announcements or miscellaneous social or commercial stationary items as selected by one or more of the principals in the photographs(s). The negative(s) or print(s) cannot be used for any purpose other than listed above except for publicity of Miss Iowa Program and its affiliates and printing by a commercial printing firm in the Miss Iowa Program Book. I also grant permission for the use of these photographs on the Miss Iowa websites and/or Miss Iowa Program affiliated social media sites. I understand and agree that all such permitted uses hereunder shall be without compensation to me for the same. This agreement shall be binding, valid and enforceable against and the benefits thereof shall insure to, the parties' successors, licensees, assigns and parties in the privacies with them.

Photographer Business _____

Photographer Name _____

PERSONAL/BUSINESS ADDRESS _____

Phone () _____ **Email** _____

Photographer Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____