



**THE 2nd ANNUAL
2017 MISS TEEN DREAM USA NATIONAL PAGEANT
Delegates Submission Checklist**

We sincerely express our thanks for your interest in becoming a Delegate for the forthcoming

2nd Annual MISS TEEN DREAM USA NATIONAL PAGEANT

Friday, July 7 – Sunday, July 9, 2017

At the beautiful host hotel

THE CROWNE PLAZA ATLANTA PERIMETER AT RAVINIA HOTEL

4355 Ashford Dunwoody, Atlanta, GA 30346

Where we will be honoured to crown our

“Teenie Tiny Little Miss USA Queen”

“Tiny Little Miss Dream Miss USA Queen”

“Little Miss Dream Miss USA Queen”

“Pre-Teen Miss Queen”

“Junior Miss Teen Dream USA Queen”

“Miss Teen Dream USA Queen”

and

Ms. Dream USA Queen

Delegates’ 2017 Checklist

Please ensure that you bring with you to the
Welcome & Orientation Reception on Friday, July 7, 2017 the following items:

- **All Items of mandatory pageant attire, footwear, accessories for Additional Optional and Mandatory Competitions and other personal items**
- **Any outstanding payments (Fees, Ticket Sales, Merchandising, Additional Optional Fees, etc.,)**
 - **Signed and Completed Delegate’s Agreement (attached)**
 - **A back-up for your mandatory Talent musical accompaniment**
- **Your signed and completed Consent & Emergency Contact Sheet (attached) listing any and all medications, ailments or medical issues that we need to be aware of (i.e. allergies, heart conditions, asthma, eczema, diabetes, etc.)**
 - **A copy of your Birth Certificate for proof of age**
- **Your Mandatory 2017 Miss Teen Dream USA \$100 Scholarship Fee. A receipt will be given**
 - **Tablet, iPad, recording devices or writing material**

In the meantime, we look forward to welcoming you on board for this year’s AMAZING
“2nd Annual 2017 Miss Teen Dream USA National Pageant ” and the crowning of our 6 National Queens.

Best wishes
Audrey Beharie
Pageant Director

B.R.E PRODUCTIONS INTERNATIONAL, INC. and MISS TEEN DREAM USA PAGEANTS
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THE 2nd Annual
2017 THE MISS TEEN DREAM USA NATIONAL PAGEANT
Delegates Agreement

Delegate's Full Name:

Age: Date of Birth: Grade: (if applicable)

PARENTAL PERMISSION & CONSENT – ALL DELEGATES UNDER 18 YEARS: I have no objection and give permission the above named Delegate to participate in the “2ND Annual 2017 Miss Teen Dream USA National Pageant” on **Friday, July 7– Sunday, July 9, 2017**. I will also ensure that an Adult Chaperone is present backstage at the competition to assist and ensure the security of Delegate's belongings.

Parent/Guardian Signature: Relationship to Delegate:

EMERGENCY CONTACT DETAILS:

Tel: Cell: Email:

Agreement. By submitting the Registration to the MISS TEEN DREAM USA PAGEANT, you are agreeing to the following below:

- The Delegate is not pregnant.
- The Delegate has never been arrested or convicted for a criminal offense that would bring disrepute to the Miss Teen Dream Pageant system or disengage the Delegate from being a representative and Ambassador in their capacity. If it is found that the Delegate had been untruthful then they understand that this would sufficient grounds to withdraw any titles awarded, fees paid or unpaid to the State Pageant and the forfeiture of all and any prizes.
- The Delegate agrees to consult with the Miss Teen Dream USA Pageant organization with regards to wardrobe suggestions and selections involving the representation of the Pageant for public appearances and ambassadorship.
- The Delegates agrees that if they are crowned then they will be required to uphold their duties according to the Handbook and, until the completion of their capacity and will conduct themselves in a manner, etiquette and decorum befitting their position.
- The Delegates agree that they will operate in accordance with the highest of ethical, moral and upstanding behavior and will, under no circumstances, engage in activities that are immoral or not proper or correct.
- The Delegate agrees and promises that she will not engage in any activities that is scandalous, lewd, unfavorable, derogatory, unflattering or negative that may result in bringing her and the Miss Teen Dream USA Pageant system into disrepute.
- The Delegate can confirm that she has never appeared nude or partially nude in a publication, Internet, photograph or in any media that would sully, smear or dishonor the Miss Teen Dream USA Pageant system in any way.
- The Delegate agrees and understands that the Miss Teen Dream USA Pageant system will reserve the right to instruct the Delegate to surrender your title in the eventuality that it has been confirmed that the Delegate conducted in a manner that is deemed inappropriate and unfitting by B.R.E Productions International, Inc. and Miss Teen Dream USA.
- The Delegate will not hold claim against Miss Teen Dream USA, its directors, associates, or any other personnel associated with the Pageant will not be held responsible for the loss of personal items, injury, theft, or illness.
- The Delegate hereby gives permission for B.R.E Productions International Inc. and Miss Teen Dream USA to use the photographs taken at the Pageant for publicity, promotional and for use on our website, publicity and any other media and promotional material. Judges decisions are final.
- Any Delegate, relative or guest displaying sportsman-like, crude or unsavory behavior will be disqualified and monies **will not** be refunded. All use of photography or any person prohibits video filming in attendance.
- The Delegate agrees and understands that all video and photography will be reproduced in a reputable and discerning and refined manner.
- The Delegates understands that all returned checks would incur a \$35 fee.
- The Delegate agrees that, on completing our online Registration Forms, you are agreeing to the regulations and agreement of **MISS TEEN DREAM USA** and will do what is necessary to observe our statutes. In the event that this is not adhered to, then, unfortunately, the Contestant will be disqualified and any prizes awarded will be returned forthwith to THE MISS TEEN DREAM USA PAGEANT immediately.
- The Delegate agrees and understands that all Registration and Additional Optional Category Fees are **NON-REFUNDABLE** should you wish to no longer take part in the Pageant.
- B.R.E. Productions International, Inc. and Miss Teen Dream can confirm that your personal information supplied herein will not be sold, transferred or shared with any outside organization.

By signing and dating below, the Delegate and Parent/Guardian will be verifying that they have read and understood the criteria, regulations and statutes set out above and can affirm that all the statements made above are accurate and in line with the Contract required to participate in the Miss Teen Dream USA Pageant Systems. Any untrue statements that have been given will result in the Delegate's immediate disqualification without refunds of any kind.

Delegate's Signature: Printed: Dated

Miss Teen Dream USA: Printed: Dated:



THE 2ND ANNUAL 2017 MISS TEEN DREAM USA NATIONAL PAGEANT EMERGENCY INFORMATION & CONSENT FORM

NAME OF DELEGATE:..... DATE OF BIRTH:

NAME OF PARENT/and or GUARDIAN:.....

ADDRESS:.....

..... ZIP CODE:

CONTACT NOS: (Home)..... (Mobile):..... (Work)

EMAIL:

HEALTH INFORMATION

What are the name, address and telephone number of you/your child's physician?

.....

Does the Delegate suffer from or need special treatment for any ailment or disability, e.g. diabetes, epilepsy, kidney disease, asthma, hay fever, migraine or any other illness. If so, please specify and give details of the treatment required:

.....

.....

Has the Delegate been in contact with any infectious or contagious diseases within the last month? If so, please give details:

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Approximate date of last anti-tetanus injection, in known:.....

Do you or your child have any special dietary requirements, e.g. vegetarian, diabetic, medial or religious? If so, please give full details:

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Are you or your child allergic to anything? (e.g. antibiotics, medication or foods, etc.)?

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Are you or is your child receiving medical treatment (including all medications) at present? If so, please give details:

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Any Other Information?

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EMERGENCY CONTACT: To be contacted in cases of emergency

Name..... Contact No:.....

Name:..... Contact No:.....

MEDICAL INSURANCE INFORMATION

Name of Insurance Company:..... Policy #:

Physician/Clinic Contact No:.....

Address:
Street Address City State Zip Code

Signature of Parent/Guardian (if under 18 years)

To Be Completed Only By the Parents/Guardian of Delegates under the age of 18 years

B INDEMNITY

I, the undersigned, being the father/mother/guardian of Hereby:-

- (a) Would/would not like my child to take part in any of the following activities (please give information about the activities which you would prefer your child **not** to participate in:
.....
- (b) Freely and voluntarily confirm my agreement to my child taking part in the event(s) and/or activity(ies) specified (except those indicated in Paragraph B(a) above) and expect my child to participate in all aspects of Workshop.
- (c) Undertake to advise The Miss Teen Dream USA Pageant if my child comes in contact with any infectious disease or develops an ailment, disability or disease or disease as mentioned above after the date or completion of this form and prior to the date of commencement at the **2017 Miss Teen Dream USA Pageant on Friday, July 7 – Sunday, July 9, 2017** of the above event or activity.
- (d) Acknowledge and agree that neither Miss Teen Dream USA or any of its officers, employees, agents or representatives can be held responsible or liable to compensate for the loss of or damage to any of my child’s personal belongings and that my child is responsible at all times for the safe custody thereof.
- (e) Indemnify the Miss Teen Dream USA, its officers, employees, agents and representatives from and against any liability, costs, claims or expenses howsoever arising whether directly or indirectly as a result of any accident, injury, illness or other damage of any kind whatsoever which my child may suffer or sustain which is not due to the negligence of any such officer, employee, agent or representative including in particular (but without the limitation to the generality of the foregoing) where the said accident, injury, illness or other damage is a result of my child disobeying any lawful, reasonable instruction which may have been given to them by the Miss Teen Dream USA or any officer, employee, agent or representative.

Signed:..... Printed:.....

Relationship to Delegate: Date:

Address:

Telephone No: (H) (W) (Cell)

Email:

B.R.E. Productions International, Inc. and Miss Teen Dream USA reserves the right to refuse attendance to any Delegate if there are any aspects of concern raised by this form.