

GRAND EXALTED RULER

Hon. Dr. Donald P. Wilson

# GRAND LODGE

GRAND COMMISSIONER

PGER Carlton L. Coleman

## BEAUTY AND TALENT DEPARTMENT

GRAND DAUGHTER RULER

Hon. Margaret D. Scott



GRAND DIRECTRESS

PGDR Bobbie Baskins

Carlton L. Coleman

Grand Commissioner of Beauty and Talent

I.B.P.O.E. Of The World

1813 Stancil Drive

Rocky Mount, NC 27801

### OFFICIAL APPLICATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Name of Both Parents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School Attending: \_\_\_\_\_ Scholastic Average: \_\_\_\_\_

Class Honors Received: \_\_\_\_\_

School related Activities: Arts, Music, Drama, Speech: (yrs. Of participation, offices held: \_\_\_\_\_

Sports: \_\_\_\_\_

Community Service Activities: \_\_\_\_\_

Hobbies and Talents: \_\_\_\_\_

Name and Address of Local Newspaper: \_\_\_\_\_

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

**We certify to the best of our knowledge the above information is true and hereby release the ELKS GRAND LODGE from any and all claims for damages or for injuries which may be sustained while participating in any of the I.B.P.O.E. of W. Beauty and Talent Programs.**

#### Sponsor's Signatures

\_\_\_\_\_  
State President

\_\_\_\_\_  
State Auxiliary President

\_\_\_\_\_  
State Association Director

\_\_\_\_\_  
State Association Directress

\_\_\_\_\_  
Exalted Ruler

\_\_\_\_\_  
Signature of Contestant

\_\_\_\_\_  
Lodge

**Deadline date:**

Enclosed 8x10 glossy black and white photo, birth certificate, and non - refundable sponsoring fee.

The Grand Commissioner must receive application no later than 07/15/20\_\_\_\_\_.

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#### Consent and Release Form

I, \_\_\_\_\_ grant permission, in case of illness or accident, to have \_\_\_\_\_ Referred to a physician and/or hospital for emergency treatment.

(Parent will be informed at once). The enclosed can be used to contact me. I also release the Grand Lodge of the Improved Benevolent and Protective Order of Elks of the World Inc. or any of it's auxiliaries from any responsibility and liability in case of illness or accident. I further understand and accept that the Grand Lodge of the Improved Benevolent and Protective Order of Elks of the World Inc. or any of it's auxiliaries may cancel at any point or deny the participation of said applicant that is not in the best interest of the above organization.

\_\_\_\_\_

Signature of Applicant or Parent of Minor

\_\_\_\_\_

Print Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

Town, State and Zip Code

\_\_\_\_\_

Area Code and Telephone Number