



## 2016 JABBERWOCK APPLICATION Agreement and Consent for Participation

Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Parents' Name (s) \_\_\_\_\_

School Activities \_\_\_\_\_

Community Activities \_\_\_\_\_

Future Plans/goals \_\_\_\_\_

Why would you like to participate in this scholarship pageant?

I, \_\_\_\_\_ (Parent/Guardian's Name) give permission for my child to participate in the Jabberwock.

\_\_\_\_\_  
Jabberwock Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature of Consent

\_\_\_\_\_  
Date

*General Statement of Conduct: Wilson Alumnae Chapter has the right to disqualify any participant if the above criteria are not met and/or for inappropriate actions as determined by Wilson Alumnae Chapter.*