



# State Queen Pageant

## 2023 Entry Form

**State Queen Pageant, October 17 at 11 a.m. • Little Rock Marriott**

Facility Contact Person & Title: \_\_\_\_\_

Name of Contestant: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Age at Time of Pageant: \_\_\_\_\_ How Long an Elder of the Facility: \_\_\_\_\_

Places Contestant Has Lived & Traveled: \_\_\_\_\_

\_\_\_\_\_

Occupations & Volunteer/Community Work: \_\_\_\_\_

\_\_\_\_\_

Number of Children: \_\_\_\_\_, Grandchildren: \_\_\_\_\_, Great-Grandchildren: \_\_\_\_\_, Great-Great Grands: \_\_\_\_\_

Life Accomplishments & Awards Received: \_\_\_\_\_

\_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

What Are You Most Proud Of? : \_\_\_\_\_

Biggest Life Event: \_\_\_\_\_

Things I Enjoy at Nursing or Assisted Living Facility: \_\_\_\_\_

\_\_\_\_\_

Color & Description of the Dress: \_\_\_\_\_

\_\_\_\_\_

Will Contestant be using a wheelchair during pageant?  Yes  No

Escorted By: \_\_\_\_\_ Escort Needed:  Yes  No

**Facilities should email Entry Form, Authorization & Disclosure Form  
to Anna Quinn at [aquinn@arhealthcare.com](mailto:aquinn@arhealthcare.com)  
Questions? Contact Anna Quinn at [aquinn@arhealthcare.com](mailto:aquinn@arhealthcare.com)**