



District Queen Pageant

2019 Entry Form

**District 3 Queen Pageant, Friday, April 12, 2019, 1:00 p.m.
Schmieding Center, 2422 N. Thompson, Suite B, Springdale, AR 72764**

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 send Entry Form and Authorization & Disclosure Form to Rochelle Masengill by April 9, 2019.
Fax: 479-444-9090 • Email: nhladmin@reliancehealthcare.com

Questions? Contact Rochelle Masengill at 479-444-9000.

**All contestants need to arrive by 12:30 on April 12, 2019.
Please note that facilities must be a member of AHCA/AALA to participate.**