



# PENNSYLVANIA STATE ASSOCIATION

Improved Benevolent Protective Order of Elks of the World

## Beauty & Talent Department

### OFFICIAL APPLICATION

Name of Contestant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip Code

Name of Parent/Guardian: \_\_\_\_\_

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

List any pertinent Info (years of participation, honors received, offices held, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arts. Music. Drama, Speech: \_\_\_\_\_

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

Non - School Activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

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

We certify that to the best of our knowledge the above information is true and herby release the Improved, Benevolent, Protective Order of Elks of the World from any and all claims for damages or injures you may sustain while participating in any of the I.P.B.O.E. of W. Beauty & Talent programs.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Contestant's Signature

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Contestant's Signature

Atty Leonard J. Polk, Jr. Grand Exalted Ruler  
Brother Edward C. Dawson, State President  
Brother Russell Spradley, State Director

Margaret D. Scott, Grand Daughter Ruler  
Iris J. Jones, Daughter State President  
Daughter Antonia Green, State Directress



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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 information can be use to contact me. I also release the Grand Lodge I.P.B.O. Elks of the World from any reasonability and liability in case of injury or accident. Further, I accept and understand that the Grand Lodge or State Association may cancel, at any point or deny the participation of said applicant that is not in the best interest of the Pennsylvania State Association and/or Elk's Grand Lodge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/ PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
AREA CODE AND PHONE NUMBER

\_\_\_\_\_  
AREA CODE AND PHONE NUMBER