



Hanover Community Support Services, Inc. Presents



MISS HANOVER ABILITIES PAGEANT

The Pageant Where EVERYONE Is A STAR!

You are eligible if you:

- * Are a lady ages 13 and older
- * Have a developmental disability and
- * Live in Caroline, Chesterfield, Goochland, Hanover, Henrico, King William, New Kent and Richmond City



The Miss Hanover Abilities Pageant is the pageant for you! Celebrate your abilities! Contestants will compete in Casual Wear, Evening Wear, Interview, and Talent Competitions.

Every contestant will receive a tiara for participating.
One lucky contestant will be crowned Miss Hanover Abilities!

To Become a Contestant:

*Fill out the application on the back of this flyer

*Mail application & \$35 entrance fee by **February 9, 2018** to **Hanover Community Support Services, PO Box 1594 Ashland, Virginia 23005.**

*Further information about contestant eligibility, information meeting, rehearsals, hair and makeup will be delivered via email or phone.

For more information please call 804-221-3776


Miss Hanover Abilities Pageant

Saturday, March 10, 2018

6:00 PM

Atlee High School Auditorium

*9414 Atlee Station Rd,
Mechanicsville, VA 23116*

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Hanover Community Support Services

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MISS HANOVER ABILITIES PAGEANT

Miss Hanover Abilities Participation Application

Contestant Name: _____

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Current Age: _____

Contestant's Phone Number: (____) ____ - ____ (h) (____) ____ - ____ (c)

Contestant's Email: _____

Parent/Guardian's Phone Number: (____) ____ - ____ (h) (____) ____ - ____ (c)

Parent/Guardian's Email: _____

Contestant's Disability: _____

Name of School and Grade: _____

Favorite Class: _____

Hobbies/Community Activities: _____

Talent: _____

(Important: Time limit for talent competition is 2 minutes - singing, dancing, instruments, presentation, etc.)

Title of Music: _____ Will you use a microphone: Hand Stand

Accommodations needed? ___ No ___ Yes If yes, please explain: _____

Contestant's Signature: _____

Parent/Guardian's Signature: _____

Mail application, and \$35 entrance fee by **February 9, 2018** to
Hanover Community Support Services, PO Box 1594 Ashland, Virginia 23005.
Checks made payable to Hanover Community Support Services

***A headshot (picture) will be required by the February 18th information meeting.