



OFFICIAL 2020 PAGEANT APPLICATION

For Official Use Only
Contestant # _____
Room # _____

Legal Name: _____

Stage Name: _____

Date of Birth: _____ Phone Number: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Media Links:







Other: _____

Accolades and Awards:

Current or Previous Title(s):

Why do you want to be Miss GayDays®? (100 words Maximum)

Who is a Drag Queen that inspires you and why? (100 words Maximum)

If you were to win Miss GayDays®, what would be your legacy? (100 words Maximum)



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ADDITIONAL PERSONNEL

Please note that all dancer(s), assistant(s), dresser(s), stylist(s), employee(s), and/or other helper(s) must be at least 18 years of age and possess a valid government issued ID (such as a driver's license or passport) issued in their own name which shall be presented at time of on-site registration as proof of age.

Legal Name: _____ Date of Birth: _____
Role/Relationship: _____

Legal Name _____ Date of Birth: _____
Role/Relationship _____

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Role/Relationship: _____

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Role/Relationship _____

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By signing this application, I hereby attest that I have read and understand the Rules and Regulations for the Miss GayDays® Pageant, hereinafter referred to as the “pageant,” and I agree to abide by and comply with all rules, regulations, restrictions, and conditions found therein.

I also agree to release and hold harmless Gay Days, Inc., the Wyndham Orlando Resort, the pageant sponsors, and all agents, volunteers, employees, representatives, and licensees from any liabilities and/or responsibilities associated with or arising out of my participation in the pageant and/or the receipt of the title of Miss GayDays®, including but not limited to personal injury, loss, and/or damage to personal property regardless of whether the personal injury, loss, and or damage occurred before, during or after the pageant or any GayDays® event or party.

I also hereby release myself from all rights pertaining to any recording (audio and/or video), and photography (still and/or motion) taken during or associated with any portion of the pageant, and any GayDays® event or party. I understand that Gay Days, Inc. will retain sole control and all rights to all recordings and photographs that I appear in or appear on. I understand and agree that Gay Days, Inc. will have the rights to use my name and the aforementioned recordings and photographs for publication, promotional purposes, advertising, and for any other purposes that they may choose.

Signature (Legal name)

Date

Print Name