



WHO:

LITTLE MISS COOPER CITY delegates must be residents of Cooper City between the ages of 10-13 year old.

DATE:

LITTLE MISS COOPER CITY will take place at Founder's Day on Saturday, March 11th. The delegates will meet at Brian Piccolo Park's Community Stage at 2:00 p.m. and the Pageant will begin promptly at 4:00 p.m.

COMPETITION:

Contestants will be judged in three categories that count equally: **Personality, Presentation and Poise.**

- Contestants will each partake in an onstage question and answer portion of the competition.
- Pageant wear is "Sunday Best." Dresses may be any color selected by the delegate. Only one outfit will be worn during the entirety of pageant.

RESPONSIBILITIES:

Promptly at 7:15 p.m., LITTLE MISS COOPER CITY, MISS TEEN COOPER CITY USA AND MISS COOPER CITY USA must meet at the main stage to be presented to the City. The Winner will hold the title of LITTLE MISS COOPER CITY for one (1) full year and/or until the next crowning approximately one (1) year later. The winner MUST be available to participate in Light Up Cooper City, Brunch with Santa, and Cooper City's 2018 Founder's Day. Presence at additional City events may be requested but not required. Additionally, the title holder's responsibilities may include photographs and interviews that showcase LITTLE MISS COOPER CITY and the pageant. In the event the winner cannot fulfill her duties, the Runner Up will take her position.

PRIZE PACKAGE INCLUDES:

Crown, sash, gift package and more...

FEE:

Each applicant is required to pay a \$25.00 non-refundable Pageant Registration Fee.

TO ENTER:

Completed applications and registration fee must be submitted to the Cooper City Community Center (9000 S.W. 50th Place) by Wednesday, February 15, 2017.

Please include:

- Recent head-to-toe snapshot of delegate
- Copy of Birth Certificate
- Proof of Cooper City residency (License, Utility Bill, Lease, etc.)

LITTLE MISS COOPER CITY
www.coopercityfl.org



Applicant Name: _____ DOB: _____

Name of School: _____ Grade: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian DOB: _____

Two (2) Interesting Facts about You:

What is your favorite thing about Cooper City?:

Signature of Contestant

Signature of Parent/Guardian

By signing the Agreement I have read and consent to the rules and policies set forth by Cooper City Recreation Department.

For more information, please contact the Cooper City Recreation Department
(954) 434-4300, #233.