



Contestant Application

September 20, 2026 • 2pm • Sanford Performing Arts Theatre, Maine

... because beauty does not fade. It evolves!

We are so happy that you would like to be part of our Golden Beauty event! The Golden Beauty Pageant celebrates women aged 60 and above. Our mission is to honor the beauty that grows with age—beauty shaped by experience, compassion, and wisdom.

We empower older women to embrace their stories, uplift one another, and shine brightly as role models to their families and in their communities.

Contestant Full Name: _____

Email: _____

Phone Number: _____

Address: _____

Date of Birth: _____

How did you hear about the pageant?

Why would you like to participate?

Desired Delegate Title: (Ex: *Ms. Sanford, Ms. Cumberland County, Mrs. Mousam Lake*, etc)

Desired Alternate Delegate Title:

What t-shirt size do you prefer?

Emergency Contact full name:

Emergency Contact's Relationship to You:

Emergency Contact's Number(s):

2nd Emergency Contact full name:

2nd Emergency Contact's Relationship to You:

2nd Emergency Contact's Number(s):

Please list any allergies that we should know about:

Please provide all medical conditions, accommodations to note for the pageant and/or at rehearsals and meetings:

TERMS AND AGREEMENT

I hereby agree that I meet and agree to all the requirements and rules:

- ☐ I am over the age of 60,
- ☐ I am a female,
- ☐ I am a legal resident of the State of Maine and can provide proof of residency (reside for at least 6 months out of the year)
- ☐ I am in reasonably good health, of good moral character and am able to move across a stage. I understand I am able to choose one person as an escort to assist with my stage appearances if I choose.
- ☐ I understand that I am required to possess general computer skills to access/submit paperwork and communicate with the Golden Beauty Team or I have a designated person who will help with my emails. Some documents are not fully accessible over a smartphone and therefore a computer is required to fully read and access pageant information.
- ☐ All delegates are expected to participate in workshop(s), rehearsal and competition.
- ☐ If a delegate becomes ill or has a serious issue and cannot continue participation, this must be communicated to the Golden Beauty Team/York County Elder Abuse Task Force as soon as possible.
- ☐ **APPLICATION & COMMITMENT FEE:** Each delegate is required to submit a completed application and \$95 Commitment fee prior to claiming title. Checks made out to York County Elder Abuse Task Force and mailed to 4 Summer St, Kennebunk, ME 04043. You may and are encouraged to have sponsors pay that fee (and any other costs/clothing, etc) on your behalf. There are [scholarships available](#) and applications will be available upon request by emailing: csimeoni@kennebunkmaine.us
A member of the team will contact you advising the decision of your application.
- ☐ I understand that any misconduct, negative innuendos, or misrepresentation of myself or other participants, through any form, be it oral, written, and/or by my actions, will be grounds for my disqualification, without question,
- ☐ I agree to take full responsibility for any losses, damages, claims, or debts incurred or made by myself or any member(s) of my party, in connection with my participation in the Maine Golden Beauty Pageant. These include, but are not limited to, travel,

transportation, pageant ensembles, meals, any additional out-of-pocket expenses I incur, and all personal property brought to the pageant and/or pageant-related events.

○ **WELLBEING:** I am of good health and moral character. I agree to participate in all scheduled activities for the pageant and cooperate with pageant staff.

○ **PERSONAL INJURY CLAUSE:** The York County Elder Abuse Task Force, its officers, directors and sponsors are not responsible for personal injury to anyone or damage during the pageant. I understand participation includes possible exposure to injury or an illness. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation

○ I understand that it is my responsibility to ensure I am medically capable of competing and that I will not hold the York County Elder Abuse Task Force, its officers, directors and sponsors responsible for my medical bills.

○ **FINANCIAL RESPONSIBILITY:** I understand that any expenses I incur, is my own responsibility.

○ **JUDGING:** I agree that the time, manner and method of judging shall be solely within the discretion of the York County Elder Abuse Task Force and the designated “Golden Beauty Team” and the decision of the judges will be final. Contestants will be scored separately in each area of competition. I understand that tiebreaker scores/results will not be released at any time during or after the pageant to anyone. I understand that 5 (five) judges are the minimum requirement at the pageant. There will be two separate judge panels. One for the Interview process and the other for the main pageant date.

○ **APPEARANCE RELEASE:** I permit my photographs, voice recordings, and name to be used without charge for publicity purposes. I understand that I may appear in media.

○ I understand that if I am selected as a winner, I represent myself and any opinions or views I share going forward are my own. In no way am I obligated to or directly affiliated with the York County Elder Abuse Task Force.

○ I understand this event has been created by the YCEATF and the Golden Beauty Team is not an official pageant. However, the team will do its best in all aspects. I understand that the details (categories, times frames, etc) are subject to change based on the best interest of the event which will all be communicated with me. It is an honor to be part of this initiative and I will give grace to all involved, as I know, they are doing their best for me.

I _____ (printed name)

have read and checked off all the bullets above and by signing below,
I understand and agree with the listed bullets:

Contestant signature

Thank you for your interest in being part of the 2026 Golden Beauty Pageant!
Please mail your completed application along with \$95 commitment fee or request for scholarship to:

York County Elder Abuse Task Force
4 Summer Street
Kennebunk, ME 04043

or email: csimeoni@kennebunkmaine.us and use QR code to pay.



To be used by Golden Beauty Team:

Date Received: _____

Fee Received: _____

Accepted: _____

