

**Mr. & Miss National Apollo 2025
Contestant Application and Information Form**

Entry Fee	\$200.00	Competing for:	<input type="checkbox"/>	Mr. National	<input type="checkbox"/>	Miss National
Please Type						

Stage Name							
Krewe You're Representing or Sponsoring Organization							
Personal Information							
Hobbies							
Goals							
Titles Held							
Favorite Actor				Favorite Actress			
Favorite Movie							
Favorite Foods							
Please include a brief BIO in the space provided							
Please provide a description of your attire for Formal Wear / Evening Gown							

**Mr. & Miss National Apollo 2025
Contestant Application and Information Form (continued)**

Legal Name	
Address	
Cell Phone Number	
Email	
Birthdate <i>Proof of Age (Copy of ID) Should Be Submitted With Application</i>	

By affixing my signature, I affirm, acknowledge, and agree:

- I will not hold the Mystic Krewe of Apollo de New Orleans, its officers, members, judges, or other agents, nor the owners, managers, and employees of the Historic Carver Theater, responsible for any loss of personal property or injury I may incur before, during, or after the Mr. and Miss National Apollo contest and the accompanying events.
- I have read the official rules of this contest and will comply with those rules.
- The information provided on this entry form is true and correct, to the best of my knowledge.
- I am 21 years of age and the official representative of one of the Mystic Krewes of Apollo or sponsored by another LGBTQ+ or LGBTQ+ friendly entities.
- If selected as Mr. or Miss National Apollo 2025, I will make every possible attempt to appear at all the bal masques of the Mystic Krewes of Apollo (and I understand the associated expenses will be my sole responsibility).
- I will not appear publicly in any manner that would discredit my title or the Mystic Krewe of Apollo.
- I will continue representing my title to the best of my ability until my successor is named and I will return to relinquish that title at the contest where my successor is named.
- My image or likeness may be used in any publications by, for, or about the Mystic Krewes of Apollo, including those in print or on the internet.

Contestant's Original Application Signature and Date	
Contestant's Registration Day Signature and Date <u>(Do not sign in this space until registration the day of contest)</u>	
Witness Signature and Date <i>(Certifying contestant signature and proof of age provided)</i>	

This form may be completed online by visiting the Mr. and Miss National Apollo page on mkanola.org. It also can be completed and returned either printed and mailed -- or emailed. (The Word form is available from the website.) Email forms to thomas.merrill@mkaneworleans.com and giagiavanni@gmail.com, or mail them to National Apollo Competition, c/o Mystic Krewe of Apollo de New Orleans, P. O. Box 770973, New Orleans, Louisiana 70177-0973. (Electronically completed forms do not have to have an original application signature. Simply type your name and the application date into that blank. Your signature will be obtained on a form we will print and present to you at registration.)

Please remember application forms and entry fees must be received by November 10, 2024, to avoid associated administrative penalties for late entry/payment!

Payment Method:

___ **Krewe check to be mailed** (Checks payable to MKA New Orleans should be mailed in time to arrive before November 10, 2024, deadline. Send to Mr./Miss National Apollo Pageant, c/o Mystic Krewe of Apollo de New Orleans, P. O. Box 770973, New Orleans, Louisiana 70177-0973)

___ **Send invoice to (email)** _____

___ **Send Zelle money request to (email)** _____

___ **Contact sponsoring krewe president for details**

___ **PayPal**