



RST CHILD CARE
LAKOTA LANGUAGE PRESERVATION PROJECT
2024 ROYALTY PAGEANT APPLICATION



Child's Information:

Full Name: _____

Lakota Name: _____

Age: _____

Date of Birth: _____

Community: _____

Parent/Guardian's Name: _____

Contact Email: _____

Contact Phone Number: _____

Pageant Category (**choose one**):

___ **0-4 Little Miss RST Child Care**

___ **5-8 Jr Miss RST Child Care**

___ **9-12 Miss RST Child Care**

Dance Category: _____

Favorite Food: _____

Favorite Color: _____

Favorite Hobbies: _____

Talents: _____

Agreement: By submitting this application, I confirm that I am the parent or legal guardian of the child mentioned above. I understand that the information provided will be used for the purpose of the Youth Wacipi Royalty Pageant and may be used for promotional materials related to the event.

Signature: _____

Date: _____

*If you have any questions, please contact Sam Lyotte at (605)-319-0378 or Savanna Little Bird at (605)-840-0831
Please hand in application to The RST Child Care Application or visit www.rstchildcare.com for an online application.*