

STATE CONTESTANT DATA FORM

Please Type or Print

Date \_\_\_\_\_

NAME \_\_\_\_\_  
(Contestant's Full Name)

TITLE \_\_\_\_\_  
(Pageant Title)

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_  
(Full Name of School)

TYPE OF TALENT \_\_\_\_\_  
(Dance (Tap) – Vocal (Opera) – Instrumental (Flute) – Etc)

CURRENT MAILING ADDRESS THROUGH JUNE \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**THIS FORM MUST BE COMPLETED WITHIN 10 DAYS OF YOUR PAGEANT, IMPORTANT INFORMATION WILL BE SENT TO YOUR PARENTS IN THE VERY NEAR FUTURE AND THESE ADDRESSES MUST BE ON FILE IN ORDER TO DO THIS! THANK YOU!**