



MISS CALIFORNIA'S OUTSTANDING TEEN COMPETITION
Sponsored by the Miss California Organization

STATE CONTESTANT DATA FORM

Please Type or Print

NAME _____
(Contestant's Full Name as you wish it listed in the Program Book)

TITLE _____
(Local Title)

AGE _____ CURRENT SCHOOL _____
(at date of state competition) (Full Name of School)

TYPE OF TALENT _____
(Dance {Tap} / Vocal {Opera} / Instrumental {Flute} / Etc.)

CURRENT MAILING ADDRESS THROUGH JUNE _____

EMAIL ADDRESS _____ PHONE _____

MOTHER'S NAME _____

MOTHER'S ADDRESS _____

MOTHER'S HOME PHONE _____ MOTHER'S WORK PHONE _____

MOTHER'S EMAIL ADDRESS _____

FATHER'S NAME _____

FATHER'S ADDRESS _____

FATHER'S HOME PHONE _____ FATHER'S WORK PHONE _____

FATHER'S EMAIL ADDRESS _____

**THIS FORM MUST BE COMPLETED WITHIN 10 DAYS OF YOUR COMPETITION.
COPIES MUST BE SENT TO ALL PERSONS INDICATED ON THE REQUIRED INFORMATION CHECKLIST.
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!**