



MISS SOUTH CAROLINA TEEN

CONTESTANT LOCAL TEEN PAGEANT APPLICATION

Title of Local Teen Pageant

NAME _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE () _____ WORK PHONE () _____

BIRTHDATE _____ AGE AS OF 9/30/05 _____

HIGH SCHOOL _____ GRADE LEVEL _____

NAME OF SCHOOL PRINCIPAL _____

SCHOOL MAILING ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NUMBERS () _____

TALENT: Vocal Dance Twirl Gymnastics Instrumental Monologue Other

TITLE OF SELECTION FOR TALENT _____

GIVE A BRIEF DESCRIPTION OF YOUR TALENT _____

IF WE NEED TO CONTACT YOU BY PHONE, WHEN IS THE BEST TIME TO REACH YOU AND AT WHICH NUMBER? _____

Upon receiving the official documents (Release and Indemnity Agreement and the State/Local Pageant Contract) please complete as required and return immediately.

Return this application and all required documents no later than _____.