

Application for Local Pageant Contestants

Contestant Name

First Name

Last Name

Local Competition

Contestant E-mail

Contestant Phone Number

Area Code

Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Birth Date

Month

Day

Year

Talent

Platform

Please list the service projects you are involved with.

Estimate the amount of hours you have volunteered for your service projects? _____

Please estimate the amount of funds raised through these service projects. _____

Have you volunteered with Children's Miracle Network Hospitals? Yes
No

If yes, how many hours? _____

What is the dollar amount you have raised for CMNH? _____

Have you competed in the Miss America Organization previously? Yes
No

If yes, what level and what year? _____

Do you have any relatives who have served as a volunteer, judge, or other official with the Miss America Organization? Yes
No

If yes, please list the relation, position and last volunteer date. _____

If you've answered yes, your eligibility must be reviewed by a state official prior to being officially accepted as a participant in the Miss America Organization.

AFTER completing the local application and contract for the Local Competition of your choice, please set up your Children's Miracle Network Hospitals fundraising page as soon as possible. Go to www.missamerica4kids.org and follow the prompts to make your page. You are required to raise \$100 for Children's Miracle Network Hospitals by 6:00PM the night before your Local Competition is to take place. If you do not raise the minimum \$100, you will be disqualified from the Local Competition.

