

Contestant Application

Contestant Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone (____) _____

Email: _____

Current Age: _____ Age as of October 1, 2024: _____

How did you hear about the
Pageant? _____

MY Age division REQUESTS ARE:

1st Choice: _____

2nd Choice: _____

I WAS REFERRED BY:

Sign date and return to:

Teresa Hailey, President
Shinning Stars Management Company
Email: teresahailey@yahoo.com

Please Note* You may utilize your title in notifying the local media of your participation in the pageant: But you may not grant any actual interviews without prior written permission from the pageant office. Any misuse of the title can result in the title being revoked and your disqualification from the pageant competition. Every effort will be made to give you the title of your choice. Upon receipt of this form, the Contestant Contract, and your registration fee, you will be notified of your title. Congratulations on making this exciting decision and welcome aboard!