

Contestant Information Sheet

First Name: _____ **Last Name:** _____

Address: _____

Email: _____

Cell: _____

School/University: _____

Emergency Contact

Name: _____ **Number:** _____

List of Allergies & Treatment in the event of a reaction: _____

Known Medical Conditions: _____

List of Medications: _____

ELIGIBILITY

- I have registered with Club Miss America
- I have registered for this LOCAL pageant
- I have raised the mandatory \$30 to compete in Miss Trussville/Miss Trussville's Teen and have verified that it is in my Miss America/Go Red for Women Spotfund account.

Miss or Teen Division: _____

Age: _____ **Date of Birth:** _____

TALENT PRESENTATION

Type of Talent (Vocal, Dance, Instrument, etc.): _____

Name of Talent Piece: _____

Type of microphone preferred, if applicable:

- Cordless
- Microphone with Stand
- Lavalier

TALENT INTRODUCTION:

Provide a **short** 2-3 sentence introduction for your talent presentation below:

HEALTH AND FITNESS PRESENTATION

FITNESS INTRODUCTION:

Provide a **short** 2-3 sentences describing *how you are heart healthy* to be read during your fitness presentation below:

ACKNOWLEDGMENT OF UNDERSTANDING AND STATEMENT OF ELIGIBILITY

By electronically signing this document, I attest that all information contained herein is true and accurate. Further, I understand that certain information will be used in the local competition script.

Contestant Signature: _____

Date: _____

Parent Signature: _____
(if Contestant is under 18)