



REQUIRED PAPERWORK

THIS SHEET MUST BE BROUGHT TO CHECK IN FOR YOU TO RECEIVE YOUR CONTESTANT PACKET!

CONTESTANTS NAME:

CONTESTANTS AGE DIVISION:

IN THE EVENT THAT I WAS TO WIN MY AGE DIVISION ALONG WITH AN OPTIONAL TITLE I WOULD CHOOSE TO BE CROWNED

MY DIVISIONAL TITLE

THE OPTIONAL TITLE

THE TOTALS I AM TURNING IN BELOW ARE MY FINAL TOTALS. I UNDERSTAND THAT ONCE I HAVE CHECKED IN ABSOLUTELY NOTHING, UNDER ANY CIRCUMSTANCES CAN BE ADDED. (PLEASE DO NOT COME AND ASK FORCING US TO HAVE TO AWKWARD CONVERSATION OF TELLING YOU NO)

TOTAL NUMBER OF NON PERISHABLE FOOD ITEMS I COLLECTED AND DISTRIBUTED THIS YEAR PRIOR TO THE PAGEANT (YOU MUST HAVE SENT IN LETTERS AHEAD OF TIME FOR THESE TO BE VERIFIED AND A COPY OF THOSE LETTERS MUST ALSO BE ATTACHED TO THIS FORM)

TOTAL:

TOTAL NUMBER OF NON PERISHABLE FOOD ITEMS I COLLECTED AND BROUGHT IN TO THE PAGEANT TODAY. THESE ITEMS HAVE BEEN CHECKED IN BY THE FOOD BANK AND THEY ACKNOWLEDGE THAT THE AMOUNT I AM CLAIMING IS TRUE AND CORRECT.

FOOD:

MONETARY DONATION:

PARENTS SIGNATURE

CONTESTANTS SIGNATURE

FOOD BANK STAMP