



**STATE CONTESTANT DATA FORM**

NAME \_\_\_\_\_  
(Contestant's Full Name as you wish it to be listed in the Program Book)

TITLE \_\_\_\_\_  
(Local Title – "Miss Local's Outstanding Teen")

AGE \_\_\_\_\_ FUTURE DATE OF HIGH SCHOOL GRADUATION \_\_\_\_\_  
(at date of state competition) (Month/Year)

CURRENT SCHOOL \_\_\_\_\_  
(Full Name of School)

TYPE OF TALENT \_\_\_\_\_ TITLE OF TALENT \_\_\_\_\_  
(Dance {Tap} / Vocal {Opera} / Instrumental {Flute} / Etc.) (song choice, piece selection, etc.)

LIST ANY PROPS OR SPECIAL NEEDS FOR YOUR TALENT \_\_\_\_\_

CURRENT MAILING ADDRESS THROUGH JUNE \_\_\_\_\_

\_\_\_\_\_ CONTESTANT CELL PHONE \_\_\_\_\_

CONTESTANT EMAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S HOME PHONE \_\_\_\_\_ MOTHER'S CELL PHONE \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S HOME PHONE \_\_\_\_\_ FATHER'S CELL PHONE \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SENT TO HEATHER EDWARDS WITHIN 10 DAYS OF YOUR COMPETITION. IMPORTANT INFORMATION WILL BE SENT TO YOUR PARENTS IN THE VERY NEAR FUTURE AND THESE ADDRESSES MUST BE ON FILE IN ORDER TO DO THIS. THANK YOU!**