

Miss Clatsop
County Outstanding



Official 2017 Application / Miss Clatsop County Pageant March 11, 2017

Forms and payment must be received on or before December 1, 2016 – We will accept the first 20 princess applications and more if needed once contestant list is finalized.

Princess Name _____

Phone #1(____) _____ **(cell)** **Phone #2** (____) _____ **(home)**

Mother's Name _____ **Father's Name** _____

Address _____ **City** _____

State _____ **Zip Code** _____ **Birth Date** _____ **Age on 7/31/2017** _____

School _____ **grade** _____

E-Mail Address (required) _____

(If you do not have an email account- please ask someone you see regularly if you can use their email)

Waiver: By signing this application, I agree to have my daughter's name and picture appear in publicity photos.

Signed _____ **Date** _____
Parent or Guardian

Sponsored by: _____

(If you are able to secure a business sponsorship for your \$50 participation fee, please list here so they receive proper recognition)

Contestant of Choice: _____

(We will do our best in pairing you with your contestant of choice)

Questions:

Questions can be directed to Sandy Newman, Director, MCCSP, 503.717.3501

Complete all forms and mail with \$50.00 check made payable to the MCCSP to:

Miss Clatsop County Scholarship Program, PO Box 1387, Cannon Beach, OR 97110, Attn: Princess Program

* () **Yes**, I would like the above Princesses name to be placed in the crystal bowl for the random drawing at the Miss Clatsop County Pageant and will be available to participate in the Miss Oregon's Outstanding Princess Program held in association with the Miss Oregon pageant in Seaside June 26 – July 1, 2017. I understand that her State entry fee will be paid but that other costs may be incurred. In the case of 2 Miss titles awarded 2 names will be drawn and sponsored.

* () **No**, I do not want the above Princesses name to be placed in the crystal bowl for the random drawing.