



Official Application

Miss Clatsop County & Miss Clatsop County's Outstanding Teen Pageant -February 29, 2020

Forms and payment must be received on or before November 1, 2019. We will accept the first 20 princess applications and more if needed once contestant list is finalized.

Princess Name: _____

Primary Phone: _____ **Alternate Phone:** _____

Parent Name(s): _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Princess Birth Date (MM/DD/YYYY): _____ **Age:** _____

School Attending: _____ **Grade:** _____

EmailAddress: _____

If you do not have an email address, please note that this is our main form of communication, and we recommend asking someone you see regularly if you can refer to their email for updates. We also have a facebook page for princess parents too.

Sponsored by: _____

*If you are able to secure a **BUSINESS** sponsorship for your \$75 participation fee, please list here so they receive proper recognition.*

Contestant of Choice: _____

We will do our best to pair you with your contestant of choice.

Questions Chelle Sollars- (503)791-6029 (Director), Anna Kaim- (503)739-0617 (Princess Coordinator), Courtney Bangs-(541)740-0973 (princess room helper)

Complete all forms and mail with \$75.00 check made payable to MCCSP to:

Miss Clatsop County Scholarship Program, PO Box 1327, Astoria, OR 97103, Attn: Princess Program