



2025 Miss Clatsop County
Shining Stars Program

Official Application:
\$125 participation fee

Miss Clatsop County & Miss Clatsop County's Teen Pageant - February 22, 2025

Application and payment must be received on or before November 15, 2024.

We will accept the first 20 applications and add more if needed once the contestant list is finalized.

Child's Full Name: _____

Child's Name of Choice: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Primary Parent Name: _____

Primary Parent Phone: _____

Primary Parent Email Address: _____

Please list all guardians / relationship that are involved with the child

Name: _____

Name: _____

Name: _____

Child's Birth Date (MM/DD/YYYY): _____ Age: _____
As of 2/22/25

School Attending: _____ Grade: _____
As of 2/22/25

Sponsored by: _____

*If you can secure a **BUSINESS** sponsorship for your \$125.00 participation fee, please list here so they receive proper recognition. Check should be written from the business.*

Contestant of Choice: _____

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

If we were able to put together a Shining Stars Talent Show FOR FUN (no judging), would your “STAR” want to participant?: _____

Please Complete all forms and mail with \$125.00 check made payable to MCCSP to:

Miss Clatsop County Scholarship Program

PO Box 1327

Astoria, OR 97103

Attn: Shining Stars

Questions:

Sandy Newman 503-717-3501

Director.clatsopcounty@missoregon.com