

# Application for Local Pageant Contestants

## Contestant Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

## Local Competition

## Contestant E-mail

## Contestant Phone Number

\_\_\_\_\_

Area Code

\_\_\_\_\_

Phone Number

## Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State / Province

\_\_\_\_\_

Postal / Zip Code

\_\_\_\_\_

Country

## Birth Date

\_\_\_\_\_

Month

\_\_\_\_\_

Day

\_\_\_\_\_

Year

## Talent

## Platform

Please list the service projects you are involved with.

**Estimate the amount of hours you have volunteered for your service projects?** \_\_\_\_\_

**Please estimate the amount of funds raised through these service projects.** \_\_\_\_\_

**Have you volunteered with Children's Miracle Network Hospitals?**      Yes  
No

**If yes, how many hours?** \_\_\_\_\_

**What is the dollar amount you have raised for CMNH?** \_\_\_\_\_

AFTER completing the local application and contract for the Local Competition of your choice, please set up your Children's Miracle Network Hospitals fundraising page as soon as possible. Go to [www.missamerica4kids.org](http://www.missamerica4kids.org) and follow the prompts to make your page. You are required to raise \$100 for Children's Miracle Network Hospitals by 10:00PM the night before your Local Competition is to take place. If you do not raise the minimum \$100, you will be disqualified from the Local Competition.