

**Miss Capital Area Pre-Teen and Little Miss Capital Area
Official Application**

Please type or print neatly

Name: _____ Age: _____

Address: _____ City: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

Parents' Names: _____

Parents' Email: _____

Brothers' & Sisters': Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

School and Grade: _____

Talent and Selection (example: Tap Dance to "Boogie Woogie Bugle Boy") _____

What is your favorite subject in school? _____

What is your favorite food? _____

Do you have any pets? _____

Do you have any special talents or skills? _____

Have you ever won an award? _____

Where is your favorite place to go? _____

What is your favorite thing to do? _____

If you could be any animal what would you be and why? _____

What is your favorite TV show? _____

Tell us about your best friend. _____

I attest that I have read and understand the rules and grant permission for my daughter to participate in the Miss Capital Area Teen, Pre-Teen and Little Miss Pageant.

Parent/Guardian Signature _____ Date: _____

Application Deadline: October 1, 2011
Mail application, with \$75 entry fee*, and photograph for program book to:**
Miss Capital Area's Outstanding Teen
P.O. Box 16385
Hooksett NH 03106
MAKE CHECKS PAYABLE TO: Miss Capital Area Scholarship Program

*\$65 if paid before August 31

** Photos may be emailed to misscapitalarea@comcast.net