



Building Stronger Women; One Scholarship At a Time
PRINCESS PROGRAM APPLICATION

PROGRAM ELIGIBILITY: (Please complete the following series of questions)

Must be between the ages of 6-12 Yes No Must be able to supply white party dress Yes No
 Must be able to attend workshops Yes No Must be able to attend rehearsals Yes No

PRINCESS INFORMATION: (Required)

First Name:	Middle:	Last:
Date of Birth:	Address:	City, State & Zip:
Home Phone: ()	Alternate Phone: ()	Email:
School Currently Attending:	Grade:	

KNOWN MEDICAL CONDITIONS &/or ALLERGIES: (i.e. food allergies, asthma etc.)

Please List:

EMERGENCY CONTACT INFORMATION: (Required)

Mother:	Address: <i>(if different from Princess)</i>	Home Phone: ()	Alternate Phone: ()
Father:	Address: <i>(if different from Princess)</i>	Home Phone: ()	Alternate Phone: ()
Emergency Contact:	Relationship to Princess:	Home Phone: ()	Alternate Phone: ()

CONTESTANT INFORMATION : (Please Select One)

Note: The MCCSO Princess Program Coordinator will attempt to assign all princesses based upon the preference indicated. Please be advised that MCCSO does not guarantee the Contestant Mentor assignments based upon this form.

- Miss Clark County I would like _____ to be my Contestant Mentor.
 Miss Clark County's Outstanding Teen I would like _____ to be my Contestant Mentor.
 Please assign me a Contestant Mentor

SIGNATURE:

Parent Signature:	Date:
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Please mail your completed application & Production & Participation fee (\$100) to:
MCCSO
P.O. Box 6326
Vancouver, WA 98668

Your personal information will not be released without your permission, or if under 18, the permission of your parent(s). All information is kept confidential.

Questions? E-Mail: missclarkcounty@gmail.com Phone: (360) 921-8456 Website: www.missclarkcounty.org