



MISS MAINE'S OUTSTANDING TEEN
REGISTRATION FORM
2010

Name _____

Home Address _____

City/State/Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____

Email Address _____

Age _____ Date of Birth _____

If under the age of 18, parent's signature _____

New or Returning Contestant to Miss Maine or Outstanding Teen? _____

If returning, what year(s) did you compete? _____

Talent _____

Platform _____

Are you a resident of Maine? _____ If yes, how long have you lived in the state? _____

If no, are you a full-time student in Maine or a full-time employee living in Maine six months?
Specify school or name of employer _____

How did you hear about our pageant program? _____

To be completed by Miss Maine Pageant Official or its designee

The above named has been accepted as a contestant in the Miss Maine's Outstanding Teen Scholarship Pageant.

RD Signature _____ Date _____

Suggested Local Title _____

Name of Mentor _____ Discussed paperwork with contestant _____

Check/Cash received _____ amount (minimum \$50 deposit) _____ check # _____

MAIL TO DEB LANDRY 199 NEW COUNTY ROAD SACO, MAINE 04072 207-284-6316