OFFICIAL SUPPLEMENT FORM TO BE MAILED IN WITH THE OFFICIAL ENTRY FORM!

NAME: _____AGE_____

T-SHIRT SIZE: ___Child Small ____Child Med. _____Child Lg.

___ Adult Small ____Adult Med. _____Adult Lg. _____Adult XLg.

***PLEASE SEND A PHOTO OF YOURSELF TO BE PRINTED IN THE PROGRAM BOOK**

(no larger than a 4x6 please as they need to be reduced for the book)

YOU MAY EMAIL THE PHOTO TO: slvrstk1@aol.com

_____ $375.00.00 REQUIRED REGISTRATION FEE: 375.00

_____ 75.00 REQUIRED PHOTOGENTIC FEE 75.00

(*waived if 3 Ad pages are sold)

_____ 100.00 (* for candidate-at-large only) _____

(those who did not qualify at a preliminary)

_____ 8.00 CHAPERONE INSURANCE FEE 8.00

(required) (one chaperone per contestant)

_____ 4.00 CONTESTANT INSURANCE FEE Total: _____

***WAIVED IF COMPETED IN A PRELIMINARY PAGEANT**

Total from Family and Friends Page: $_____

Total Ad Sales $_____

SUB-TOTAL OWED: $_____

STATE DEPOSIT PAID: ____X__YES___NO - 100.00

BALANCE OWED: $_____