

MITCHELL PAGEANT APPLICATION

___ TINY MISS ___ LITTLE MISS ___ JR. MISS ___ MISS

CONTESTANTS NAME _____

ADDRESS _____

SCHOOL _____

GRADE _____ AGE _____ DOB _____

HOME PHONE # _____ CELL # _____

EMAIL ADRESS _____

PARENTS NAMES _____

***Application may be dropped off at the Camilla Chamber of Commerce or mailed to Post Office Box 226, Camilla, GA 31730.

***Make check payable to the Camilla Chamber of Commerce and write Mitchell County Pageant in the memo section.

OFFICE USE

OFFICE USE

RECEIVED BY _____

AMOUNT PAID _____

DATE RECEIVED _____ RECEIVED IN PERSON ___ MAIL ___