Miss Oklahoma
ORGANIZATION, INC.

LOCAL CONTESTANT SIGN-IN SHEET – Miss Oklahoma Pageant

(Due one week after pageant) **Email to kay@missoklahoma.org or fax to 918-461-8017**

Name of Local Pageant _____ Date _____

Please print.

Contestant's Name	***Area Code & Phone #***	***Mailing Address, City & Zip & E-mail address***	***Is this your first Miss America Local Pageant?***	***If no, list local pageants you have competed in this pageant year.***

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LOCAL CONTESTANT CMN & Platform Information – Miss Okla. Pageant

(Due one week after pageant) **Email to kay@missoklahoma.orgm or fax to 918-461-8017**

Name of Local Pageant _____ Date _____

This sheet is to gather information for Miss America public relations purposes only

Contestant's Name	***Children's Miracle Network***		***Personal Platform***	
	Hours Donated	***$ Raised***	***Hours Donated***	***$ Raised***