

# LOCAL PAGEANT - JUDGES

NAME OF PAGEANT: \_\_\_\_\_

DATE OF LOCAL PAGEANT: \_\_\_\_\_

NAME OF JUDGES CHAIRMAN: \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN THE ORIGINAL TO MOP OFFICE & A COPY TO YOUR FIELD DIRECTOR **ONE WEEK PRIOR** TO YOUR PAGEANT DATE. At least one judge must be certified and at least one judge must be a novice.

**Judges Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work

**Judges Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work

**Judges Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work

**Judges Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work

**Judges Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work