



**MISS MANCELONA PAGEANT PRE-TEEN**  
**(AGE 9-12)**

Please note that we will only be accepting the first 10 contestants to complete and turn in their application per age group. This ensures a well-timed pageant and helps ensure each contestant will get her time to shine!

**Full Name:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ **Guardian Phone/Email:** \_\_\_\_\_

**FAVORITES:**

**Flower:** \_\_\_\_\_ **Season:** \_\_\_\_\_ **Movie/Show:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Book:** \_\_\_\_\_ **Animal:** \_\_\_\_\_ **Food:** \_\_\_\_\_

**What school do you attend?** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**If you could create one charity in Mancelona what would it be and why?** \_\_\_\_\_

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**List 4 fun facts about you!** \_\_\_\_\_

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**Who is your role model and why?** \_\_\_\_\_

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**Why do you want to be Miss Mancelona Pre-Teen?** \_\_\_\_\_

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**List 3 words you would use to describe yourself:** \_\_\_\_\_

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**What do you want to be when you grow up?** \_\_\_\_\_

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**How do you describe the word "Accepting"?** \_\_\_\_\_

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**Are you involved in any extracurricular activities?** \_\_\_\_\_

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**What is your favorite thing about Mancelona?** \_\_\_\_\_

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**Parents/Guardians Names:** \_\_\_\_\_

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Please understand that by signing this application you are committing to make sure that your child is attending all practices and events in preparation for our Miss Mancelona Scholarship Pageant; unless otherwise discussed with pageant coordinator.

**Contestant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_