

Miss Arlington Contestant Application

Contestant Name: _____

Contestant Age: _____

Contestant Date of Birth: _____

Parent Name: _____

Parent Email: _____

Parent Phone: _____

Your talent cannot exceed 1 minute and 30 seconds.

My Talent Is: _____

My Platform Is: _____

Submit a headshot photo to info@missarlington.org

We encourage you to submit additional information about yourself:

You must agree by initializing two of the following items in order to submit the application.

_____ The contestant meets the requirements for Miss Arlington / Miss Arlington's Outstanding Teen

_____ Miss Arlington contestants - I understand there is a required \$100 Donation to the Children's Miracle Network.

_____ Miss Arlington Outstanding Teen contestants - I understand there is a \$100 nonrefundable entry fee.

The application is not complete until the fee or donation is processed.

Signature of Parent or Legal Guardian of the Contestant _____

Please submit via email to info@missarlington.org, by mail to Jo Tibbetts, 3316 Hollow Creek Rd., Arlington, TX 76001, or bring with you to the Miss Arlington informational meeting.