

Miss Oklahoma's Outstanding Teen Local Information Form

Local Teen Pageant Name: Miss _____ Outstanding Teen

Sponsor of Teen Pageant: _____

NAME OF TEEN DIRECTOR: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: Business – A/C _____ Fax: A/C _____

Home - A/C _____ E-mail: _____

Please mark **one** of the options below:

_____ Yes, we will conduct an **official** Local Teen Pageant and send a representative to the **2019** Miss Oklahoma's Outstanding Teen Competition. The \$350.00 entry fee is due within two weeks after your pageant along with the Certification of Teen Winner Form.

_____ We will not conduct an official Local Teen Pageant but **want** to send a representative to the **2019** Miss Oklahoma's Outstanding Teen Competition. The \$450.00 entry fee is due immediately upon selection with the Certification of Teen Winner Form.

_____ No, we will not be sending a Local Teen Representative to the **2019** Miss Oklahoma's Outstanding Teen Competition.

Please make entry fee checks payable to Miss Oklahoma's Outstanding Teen and mail the check to: Miss Oklahoma Pageant, 10026-A South Mingo Road #287, Tulsa, OK 74133. Please include the Certification of Local Teen Winner Form.

General Information:

Boundaries for Teen Pageant: _____

Will you conduct your Teen Pageant at the same time as your Miss Pageant? ____yes ____no

If you answered **no** to the above question please answer the following:

Date of Teen Pageant: _____

Time of Teen Pageant: _____

Location for Teen Pageant: _____

Please return this form asap. Fax: 918/461-8017 or e-mail kay@missoklahoma.org AND gentryjohnson@yahoo.com or mail to 10026-A South Mingo Rd #287, Tulsa, OK 74133.

2018 / 2019 MISS OKLAHOMA'S OUTSTANDING TEEN DIRECTORS

NAME OF LOCAL TEEN PAGEANT: _____

Sponsor of Local Pageant: _____

Boundaries for Local Pageant: _____

Date of Local Pageant: _____

Location & Time of Pageant: _____

NAME OF LOCAL DIRECTOR: _____

Mailing Address: _____

City	State	Zip Code
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Phone Number: _____

Area Code	Home Number	Area Code	Cell Number
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Work Number	Fax Number	E-Mail Address
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OFFICERS:

Name	Title	Area Code	Phone Number
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Address	City	State	Zip Code
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Name	Title	Area Code	Phone Number
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Address	City	State	Zip Code
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Name	Title	Area Code	Phone Number
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Address	City	State	Zip Code
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Name	Title	Area Code	Phone Number
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Address	City	State	Zip Code
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Please list your remaining Board Member on the back or on a separate sheet.

**2018 / 2019 LOCALPAGEANT
TEEN CONTESTANTS**

Name of Local Outstanding Teen Pageant: _____

Date of Local Pageant: _____

Please send us a complete list of each of your contestants and their home addresses, phone number and e-mail address **DUE 10 DAYS PRIOR** to your pageant.

Name	Address, City, State, Zip Code	(Area Code)	Phone #
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JUDGES – 2019 TEEN LOCAL PAGEANT

NAME OF OUTSTANDING TEEN PAGEANT: _____

DATE OF LOCAL OUTSTANDING TEEN PAGEANT: _____

NAME OF JUDGES CHAIRMAN: _____ PHONE # _____

PLEASE COMPLETE THIS FORM AND RETURN THE ORIGINAL TO MOP OFFICE & A COPY TO YOUR FIELD DIRECTOR TEN DAYS PRIOR TO YOUR PAGEANT DATE. Three judges should be certified and one judge must be a novice.

Judges Name: _____

Address: _____

Phone Number: (____) _____
Home Work/Cell E-mail address

Judges Name: _____

Address: _____

Phone Number: (____) _____
Home Work/Cell E-mail address

Judges Name: _____

Address: _____

Phone Number: (____) _____
Home Work/Cell E-mail address

Judges Name: _____

Address: _____

Phone Number: (____) _____
Home Work/Cell E-mail address

Judges Name: _____

Address: _____

Phone Number: (____) _____
Home Work/Cell E-mail address

Miss Oklahoma's Outstanding Teen CERTIFICATION OF LOCAL WINNER

NAME OF LOCAL TEEN PAGEANT: _____

FULL NAME OF WINNER: _____

AGE/DATE OF BIRTH: _____ E-MAIL ADDRESS: _____

ADDRESS: _____
(Where mail should be sent) Street City State Zip Code

PHONE: _____
(area code) School/Home Teen Cell Work

PARENTS OR LEGAL GUARDIAN:

NAME: _____

ADDRESS: _____
Street City State Zip Code

PHONE: _____
(area code) Home Cell Work

E-MAIL ADDRESS: _____

TALENT PRESENTATION:

TYPE OF TALENT: _____
(vocal – pop/classical/country/etc; dance-tap/jazz/ballet/lyrical/etc; instrumental – piano/flute etc.; other)

TITLE OF MUSIC & DESCRIPTION OF ACT: _____

Will this be the same talent that your contestants will present at the State Finals in June?

YES _____ NO _____

If no, have you selected your new talent presentation? YES _____ NO _____

If yes, please give complete title of music: _____

BE SURE TO ATTACH ALL OF THE WINNERS FORMS USED DURING JUDGING - A COPY OF THE CONTESTANTS ENTRY FORMS, INCLUDING FACT SHEET OR RESUME, PLATFORM ISSUE STATEMENT, ETC.

This form is to be submitted to certify your contestant and must have your entry fee attached!

Please return to: Miss Oklahoma Pageant or e-mail: mop8908@aol.com or fax: 918-461-8017
10026-A South Mingo Rd #287
Tulsa, OK 74133

LOCAL TEEN PAGEANT SCHOLARSHIP REPORT

Please attach the scholarship page(s) from your program book for verification

The Miss _____ Outstanding Teen Pageant, in the State of Oklahoma,
reports a grand total \$ _____ in scholarships were available this year.

Local Level Scholarships Breakdown

Total Number of Contestants that competed in Local	
Amount of Cash Scholarships Raised	
Amount of In-Kind Scholarships Available	
Amount of Cash Scholarships Awarded to Contestants	
Amount of In-Kind Scholarships Awarded to Contestant(s)	

Was your local a stacked pageant? If stacked name of second title: _____	Yes _____	No _____
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LIST AWARDS AND SCHOLARSHIP AWARDED:

Local Executive Director's Signature Date

Local Pageant Name

This report is due within two weeks after your pageant. Dual pageants must submit a report for each title. Stacked pageants may submit one report.

Please return completed form by: Fax to: 918-461-8017 or E-mail to: gentryjohnson@yahoo.com

Or mail to: Miss Oklahoma Scholarship Pageant
 10026-A South Mingo #287
 Tulsa, OK 74133