

Local Contest Winner Information

Please send this completed form to sdsnowqueenlocalcontest@gmail.com within **three business days** after local contest to avoid a late/penalty fee for \$25.

Representing Title: Miss/Jr. Miss _____

Name of Sponsoring Organization/Committee: _____

Name of Coordinator: _____

Phone Number of Coordinator: _____

Email of Chairperson: _____

Snow Queen Candidate Information

Name of Snow Queen candidate: _____

Age: _____

Name of Parents/Guardians: _____

Address: _____

Queen's Phone #: _____

Parent/Guardian Phone #: _____

Junior Snow Queen Candidate Information

Name of Junior Snow Queen candidate: _____

Age: _____

Name of Parents/Guardians: _____

Address: _____

Jr. Queen's Phone #: _____

Parent/Guardian Phone #: _____

Senior Talent Information

Name of Senior Talent Act: _____

Type of Act: _____

Please list the Name and Age of each individual in the act: _____

Name of Accompanist (if applicable): _____

Name of Junior Talent Act: _____

Type of Act: _____

Please list the Name and Age of each individual in the act: _____

Name of Accompanist (if applicable): _____

Sponsor's Certification:

We hereby certify that the candidates named above were selected at the local contest in accordance with the requirements set forth by the SDSQ Festival. We also certify the above talent acts are being submitted to the state talent contest.

Sponsoring Organization: _____

Chairperson: _____

Email: _____