



**Miss Capital City's Outstanding Teen
Miss Photogenic & Program Book Form**

Contestant Name: _____

Miss Photogenic Competition *(please check one of the following):*

_____ Yes, I would like to compete in the Miss Photogenic Competition.
Please include an additional \$25 and photo in your registration packet.

_____ No, I do not wish to compete in the Miss Photogenic Competition.

Program Book Information:

Name *(as you would like printed in the program)*: _____

Age *(on day of pageant)*: _____

Parent's Names: _____

Name of School: _____

Grade in School: _____

Talent: _____