



Miss Capital City's Outstanding Teen



Miss Photogenic / Program Book

Contestant Name: _____

Miss Photogenic: (Check one)

____ Yes, I would like to compete in the Miss Photogenic Competition. I've included my \$25 and photo in my 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: _____
