

**Deadline Entry: January 31, 2020**

Miss Ponca City candidates must raise \$100 for the Children's Miracle Network.

## Miss Ponca City and Miss Ponca City's Outstanding Teen

Candidate & Parents Contact Information Form

### Candidate Information

Miss Ponca City's Outstanding Teen entry fee is \$50. Payable to the Poncan Theatre by January 31, 2020

**Candidate's Full Legal Name:** \_\_\_\_\_

Phonetic Spelling: \_\_\_\_\_

*Phonetic Spelling of Candidate Name for Stage Announcements*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Type of Talent & Music: \_\_\_\_\_

Social Impact Statement: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

*Street Address* *City & State* *ZIP Code*

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hometown\*: \_\_\_\_\_

*City & State*

\*Miss Ponca City Candidates are restricted to those who live, work, or attend school within 35 miles of Ponca City.

### Parents Information

**Mother's Full Name:** \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address* *City & State* *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address* *City & State* *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If one or both parents are deceased, or if parents are separated, please indicate that information here.

\_\_\_\_\_

Complete and return to The Poncan Theatre Box Office or scan and email to [MissPoncaCity@gmail.com](mailto:MissPoncaCity@gmail.com)