



Local Pageant Report

Pageant Name: _____

Date of Pageant: _____ Total # of contestants: _____

Total Tuition Scholarships: _____ Total Cash Scholarships: _____

Judges Information:

1. Name: _____

2. Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

3. Name: _____

4. Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

5. Name: _____

Phone: _____

Email: _____

Auditors

1. _____

2. _____



Information on New Titleholder

***** Complete a separate report for EACH titleholder *****

MISS _____ Pageant

Name: _____

Age: _____ SS#: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Home Address: _____

City: _____

State/Zip: _____

School Address: _____

City: _____

State/Zip: _____

Talent Performed: _____

Mail this form IMMEDIATELY after your pageant to:

Miss Louisiana Scholarship Organization
P.O. Box 6003
Monroe, Louisiana 71211