

Official Entry Form
Little Miss World NC & SC

Name: _____ Age: _____

Parents Name: _____

Parent Home Phone: _____ Cell Phone: _____

Address: _____

City/State: _____ Zip Code: _____

Email: _____

Grade: _____ Birth Date: _____

Name of School: _____

Hobbies/Sports: _____

Favorite subject at school: _____

Why do you think you would be a great Little Miss World for your state?

What is your favorite thing about pageants, if this is your first pageant then why are you excited to do this pageant?

What title would you like to represent at the state level (ex your city name)

Please sign below agreeing that all information above is accurate and can be used for the duration of this pageant. Please be aware this is not a glitz little girl pageant and we do not condone using false teeth or any extreme added beauty products at this age. If you have any questions on a certain product and its use please don't hesitate to ask.

Contestants Name : _____

Parental or Guardian Signature: _____

Date: _____