

## Miss Teen Clark County

Contestants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sponsor (\$55): \_\_\_\_\_

Cell Phone Number: (\_\_\_\_)- \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parents Name: \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_

Hobbies/Activities/Interests:

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School & Community Activities and Awards:

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Goals and Ambitions:

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PLEASE INCLUDE A 5X7 PICTURE OF YOURSELF TO BE SUBMITTED TO  
THE NEWSPAPER, POSTED ON OUR SOCIAL MEDIA PAGES, AND GIVEN TO  
JUDGES

Guardians Signature: \_\_\_\_\_

If you have any other questions, comments, or concerns about the application or anything about  
Miss Clark County you can contact:

Director: Kennedy Easton (502)-525-6343 [kennedyeaston@icloud.com](mailto:kennedyeaston@icloud.com)

Co-Director: Ari Veach (765)-918-8877 [ariveach2018@gmail.com](mailto:ariveach2018@gmail.com)