



Teen Princess Louisiana

Titleholder Information

To be completed and submitted by Pageant Director. Please complete a separate report for each Titleholder.

Pageant Name: _____

Director: _____

Titleholder's Name: _____

Titleholder's Date of Birth: ____/____/____ Titleholder's Age: ____
0 0 0 0 0 0 0 0

Title Representing: _____
Pageant + Pre-Teen Princess / Junior Teen Princess / Teen Princess

Parent/Guardian's Name: _____

Physical Address: _____
Number Street City State Zip

Mailing Address: _____
Number/Street OR PO Box City State Zip

Phone: _____
() Day () Evening

Titleholder's Email Address: _____

Parent's Email Address: _____

Please mail form with Titleholder/Contestant *fee(s) to:
Teen Princess Louisiana Scholarship Organization, Inc.
P.O. Box 231
Vivian, LA 71082

*Titleholder Fee(s): 1st - \$250 2nd - \$200 3rd - \$150