

**2021 MISS GEORGIA and MISS GEORGIA’S OUTSTANDING TEEN**

**VIRTUAL COMPETITION APPLICATION**

( ) Miss Candidate ( ) Teen Candidate

Name: Age: Date of Birth:

Mailing Address:

City: State: Zip Code:

Candidate’s Phone: Candidate’s Email:

Parent/Guardian Name(s):

Address:

City: State: Zip Code:

I am enrolled at school/college/university as a

Major: (if applicable)

---OR---

I have graduated from College/University Year Degree

Occupation

Type of Talent: Title of Talent Selection:

Social Impact Initiative

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The above information is true and correct to the best of my knowledge. I agree to meet all deadlines set forth by Miss Georgia Scholarship Competition, Inc. I understand the local contract is a legal and binding document and do hereby agree to abide by it and fulfill all duties required as a local titleholder. Further, I understand that acceptance of applications and talent requests will be granted according to the date the information is received by the designated competition chairperson.

Candidate Signature Date

Teen Parent/Guardian Signature Date

**HOLD HARMLESS AGREEMENT**

I hereby release the Miss Georgia Scholarship Competition and its Directors from any injury, loss, or theft sustained or resulting from my daughter’s participation in this competition.

Teen Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**EMAIL COMPLETED APPLICATION TO Kay Cagle at** **bobsbrownmule@att.net**