



American Beauty Productions State Delegate Application



*All official State Delegates will
receive the following...*



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Please complete the following Application and return to the address below along with the State Delegate contract to be considered for a State Delegate title.

Name:	Parents name(s):
Birth Date:	Phone #:
Address:	
Town, State & Zip:	
Preferred pageant	America's Beautiful Star All American Achievement
Title Applying For:	Tiny (3-5) Pre-Teen (9-12) Teen (16-19) Mrs. (20-39) Little (6-8) Jr. Miss (13-15) Miss (20-30) Elegant (40+)

Please print your name below.

I, _____, agree that the above information is true and correct, that I am of good health and good moral character and am willing to submit satisfactory proofs of age and citizenship if needed, agree to follow the guidelines of the state delegate-ship contract for one (1) year and agree to pay American Beauty Productions the sum of \$140.00 to cover all costs of my crown, banner, and shipping charges upon the approval of my selection of State Delegate-ship.

Please sign here: X _____ Date: _____