

**MISS MISSOURI’S OUTSTANDING TEEN LOCAL PARTICIPANT REFERRAL LIST**

Please list Five (5) potential Outstanding Teen Contestants. Please include NAME and PARENT’S EMAIL ADDRESS of the POTENTIAL contestant. This document is REQUIRED along with the PLATFORM, FACT SHEET, RESUME, CONTRACT and ENTRY FEE for EACH LOCAL.

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| --- | --- | --- |
| **NAME** | **AGE** |  **PARENT’S EMAIL** |
|  1) |  |  |
|  2) |  |  |
|  3) |  |  |
|  4) |  |  |
|  5) |  |  |