

**Attachment A
Supplemental Fact Sheet**

Miss _____ Outstanding Teen

Full Name (as you wish it listed in Program Book): _____

Date of Birth _____ Age _____

Home Address: _____

City: _____, State _____

Email Address: _____

Attachments (check here if included):

- Copy of Birth Certificate (Section 2.2)
- Proof of Residence (Section 2.3.1)
- For Home Schooled Students Only:*
Documentation of your state requirements for home schooled students.
- Copy of Health Insurance Card - Front and Back
- Copy of Dental Insurance Card - Front and Back

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Brothers and Sisters:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other interesting facts about yourself:

What type of talent will you present?

(You need not give the exact title of your talent presentation. Merely indicate if you will dance (ballet, tap, etc.), sing (classical, popular, etc.), play a musical instrument (which one?), perform a comedy reading, dramatic skit, etc.)

Special training in music, drama, dance, art:
