**Contact Information Sheet**

The information contained on this sheet is confidential and for the use of the Miss Massachusetts’ Teen Competition and its authorized committees only. **(This form MUST be typewritten or printed with black ink)**

**Your Full Legal Name:**

**Last 4 Digits of Social Security #:** (If you are the State Winner, you may be asked to provide the entire number for National Paperwork)

**Your Permanent Home Address:**

Street

City, State & Zip

Home Telephone # Your Cell (if applicable):

Your E-mail address:

**Your School Name and Address:** Name of School:

Current Grade in School (as of date of State Competition:

Street City, State & Zip

Telephone # Principal’s Name:

# **Mother’s Full Name:**

Street City, State & Zip

Home Phone # Cell Work

E-mail address

# **Father’s Full Name:**

Street City, State & Zip

Home Phone # Cell Work

E-mail address

If one or both parents are deceased, or if parents are divorced, please indicate that information here. If only one parent is to be contacted with information regarding the competition, please indicate that here.

I certify that the foregoing information is true and correct to the best of my knowledge.

Candidate Signature Parent/Guardian Signature