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Children's Miracle Network & Community Service Information

This form should list information/amounts earned for this local preliminary pageant only.

Name of Contestant

Name of Local Preliminary

Children's Miracle Network

Number of hours worked for CMN

Amount of money raised for CMN

Community Service Project (if different from CMN)

Name of your other Community Service Projects

Number of hours worked for other projects

Amount of money raised for other projects

Total Hours and Amount Raised

Total number of hours worked

Total amount of money raised

I do hereby swear that the above information is true to the best of my knowledge. I am aware that if any statements are willfully false, I am subject to punishment.

Contestant Signature

Date

Parent/Guardian Signature

Date