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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate Information | | | | | | | | | | | | | | | | | | |
| **Candidate’s Full Legal Name:** | | | |  | | | | | | | | | |  | |  | | |
|  | | | |  | | | | | | | | | |  | |  | | |
| Phonetic Spelling: | | | |  | | | | | | | | | | | | | | |
| *Phonetic Spelling of Candidate’s Name for Stage Announcements* | | | | | | | | | | | | | | | | | | |
| Talent: |  | | | | | | | | | | | | | | | | | |
| Platform: |  | | | | | | | | | | | | | | | | | |
| Birth Date: |  | | | | | Age: |  | | | Hometown: |  | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | |
|  | Street Address | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | |  | |
|  | City | | | | | | | | | | | | | | State | | | ZIP Code |
| Home Phone: | | ( ) | | | | | | | Cell Phone: | | | | ( ) | | | | | |
| *Important: You must include a cell phone number as this will be our primary contact for you while traveling to the National Finals* | | | | | | | | | | | | | | | | | | |
| E-mail Address: | | | |  | | | | | | | | | | | | | | |
| Parents Information | | | | | | | | | | | | | | | | | | |
| **Mother’s Full Name:** | | | | |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | |
|  | Street Address | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | |  | |
|  | City | | | | | | | | | | | | | | State | | | ZIP Code |
| Home Phone: | | | ( ) | | | | | Cell Phone: | | | | | ( ) | | | | | |
| Business Phone: | | | ( ) | | | | | E-Mail Address: | | |  | | | | | | | |
| **Father’s Full Name:** | | | | |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | |
|  | Street Address | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | |  | |
|  | City | | | | | | | | | | | | | | State | | | ZIP Code |
| Home Phone: | | | ( ) | | | | | Cell Phone: | | | | | ( ) | | | | | |
| Business Phone: | | | ( ) | | | | | E-Mail Address: | | |  | | | | | | | |