

**LOCAL PAGEANT FRANCHISE DATA FORM**

**PAGEANT DATA:**

Pageant Name: \_\_\_\_\_

Name of Titleholder: \_\_\_\_\_

Location of Pageant: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Pageant Date: \_\_\_\_\_

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**PAGEANT OFFICIALS:**

Executive Director: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (Bus.) \_\_\_\_\_ (Home) \_\_\_\_\_

Sponsoring Organization Name: \_\_\_\_\_

Official Responsible for Pageant \_\_\_\_\_

Address of Official: \_\_\_\_\_

Telephone: (Bus.) \_\_\_\_\_ (Home) \_\_\_\_\_

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If a not-for-profit corporation formed exclusively to conduct a Miss America preliminary pageant, please provide the following information:

**OFFICERS**

**BOARD MEMBERS**

Board Chmn \_\_\_\_\_

President \_\_\_\_\_

Vice-Pres. \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Attach a copy of the last Corporate Annual Report filed with the Florida Department of State. If this is a new corporation, a copy of the Articles of Incorporation registered with the Florida Department of State and the By-Laws of your corporation must be appended to your Franchise Agreement.