

Miss Dogwood Pageant

A SCHOLARSHIP PROGRAM



COMPANY NAME _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

AUTHORIZED BY _____

SPONSORSHIP AMOUNT \$ _____

- CASH
- CHECK Check # _____

RAFFLE DONATION(S) VALUE \$ _____

DESCRIPTION OF RAFFLE ITEMS _____

CONTESTANTS SIGNATURE _____ DATE ___ / ___ / ___

PAGEANT COPY

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