

REQUEST FOR REGISTRATION CERTIFICATION

The educational institution may provide a computer-generated "Certification of Enrollment" instead of this form.

DATE:_____

This is to certify that_						who
was Miss	in the	20	pageant,	Social	Security	Number
#						
(If par	ull-time Student (1) (t-time, student must p					
at						
	(Name of	Institutio	on)			
We have received the rull ldaho Pageant, and under	•	-	•	ossible t	to her by	the Miss
The amount being reque Which is the amount o separate cover.						
Signed:						
	Name		I	Departm	ent	
Use this space for stamp	or seal of your institut	ion:				
Please send this form o receipts to:	r other certification fro	om the s	chool, along w	ith corre	espondin	g bills or

If you have any questions please email missidahoboard@gmail.com

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