

# CONTESTANT EVALUATION OF LOCAL PROGRAM

Local Program \_\_\_\_\_

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

When were you required to be there? \_\_\_\_\_

If you were required to stay overnight was appropriate housing provided (Explain) \_\_\_\_\_

Were appropriate meals provided (Explain) \_\_\_\_\_

Was there enough time for rehearsal to learn what you needed (Explain) \_\_\_\_\_

Was the facility where the pageant was held adequate (Explain) \_\_\_\_\_

Were the dressing areas clean and appropriate (Explain) \_\_\_\_\_

Did someone from the local contact you ahead of time or send correspondence regarding places, times, directions, wardrobe requirements? \_\_\_\_\_

Did you fully understand all of the rules regarding competition, scholarships & how to claim, appearances, and consequences if you didn't show up (Explain) \_\_\_\_\_

Was the interview set-up fine \_\_\_\_\_

Did the show run smoothly \_\_\_\_\_

Was there help backstage for you \_\_\_\_\_

Additional Comments \_\_\_\_\_

Below is an area for your name and address to use if we need to contact you -- we will not give the local director your name without your permission (so mark the appropriate area). The reason for this evaluation is to help strengthen our program!

Contestant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is it OK to share your name with this Local Director? \_\_\_\_\_ yes \_\_\_\_\_ no

**Please fill out this evaluation honestly and return it in a timely manner to:  
Miss Ohio Office, P.O. Box 360320, Strongsville, OH 44136 or fax to 419-522-0054.**