

# Humanitarian Donation Slip

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

Age Division \_\_\_\_\_

Contestant Number \_\_\_\_\_



This form must be brought to registration at Kentucky Festivals state pageant.  
DO NOT bring items to the pageant! They must be donated to a local organization to  
distribute outside of the pageant weekend. All items must be new.

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## ***Organization (organization fills this part out)***

This certifies that \_\_\_\_\_ has donated \_\_\_\_\_ items of  
\_\_\_\_\_ to our organization \_\_\_\_\_.

I certify that I have counted and confirmed this donation. This program is in  
conjunction with Kentucky Festival Pageants' *Good Deed Humanitarian Award*  
for the Kentucky Festival state pageant.

Name \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time and support of this contestant and organization!*