



MEDICAL EXPENSE FORM

The Miss Louisiana Scholarship Organization will not be responsible for any medical, hospital, physician, prescription, or ambulance bills incurred by the contestant from the time of arrival in Monroe to her departure to her home. The contestant will be responsible for all bills incurred for any medical care.

Date _____

Contestant Name _____

Contestant Singature _____

Local Title _____

This form must be completed and turn in at registration for the State Meeting.