



CHILDREN'S MIRACLE NETWORK HOSPITAL VERIFICATION OF FUNDS TO COMPETE

NAME OF PAGEANT

I have verified that each of the contestants competing in pageant listed above has completed the requirement of having at least \$100.00 in her CMNH account for this pageant or has reached the cap of \$500.00 before the day of competition.

Printed Name of Director: _____

Signature of Director: _____

Date: _____