



# 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.