

AGE GROUP \_\_\_\_\_  
CONTESTANT NUMBER \_\_\_\_\_  
(DIRECTORS USE ONLY)

# Teen Miss Page Valley Fair

## AGES 16-17 REGISTRATION FORM

NAME: (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_  
(AGE) \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

INTERESTING FACTS ABOUT YOURSELF:  
\_\_\_\_\_  
\_\_\_\_\_

FUTURE AMBITION:  
\_\_\_\_\_

SPONSOR:  
\_\_\_\_\_

.....  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PHOTOGENIC \_\_\_\_\$\_\_\_\_

ADDRESS:  
\_\_\_\_\_

PHONE NUMBER:  
\_\_\_\_\_

PLEASE READ CONTEST RULES ON WEBPAGE AND SIGN BELOW.

\_\_\_\_\_  
SIGNATURE DATE

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ MC/VISA OR DEBIT \_\_\_\_\_

Photographs will be taken for promotional purposes from time to time during the fair.

If you object to being in the photographs, you must register with the Fair Office once you have entered the grounds.