Shelby County Applefest 2012
Queen and Little Miss Apple of My Eye Pageant
Registration Form

Contestants Name:
_____

Address: _____ City: _____ ZIP:_____

Age: _____ Grade: _____ Birth Date: _____ Shirt Size: _____

Parent's Name:
_____

Parent Phone #: _____ E-mail:_____

Contestant Biography: Tell us about yourself (likes/dislikes, favorite sport, your hero, your family, what you want to be when you grow up, etc.) **A photo must be returned with this registration form. If you are a finalist this photo will be submitted to the Sidney Daily News for publication.** Thank you!

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If you have questions please contact the Chamber of Commerce at 937- 492 – 9122 or Amy Pike at ajeff322@yahoo.com.