

Little Miss & Mister Application

Full Name: _____

Date of Birth: _____

Age: _____ Girl/Boy _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Parents Names: _____

E-mail Address: _____

OPTIONAL QUESTIONS THAT YOUR CHILD MAY BE ASKED:

Favorite Food: _____

Favorite Cartoon: _____

What do you do for fun? _____

Do you have any pets? _____

Do you have any brother or sisters? _____

Favorite Candy: _____

Favorite Color: _____

Who is your best friend? _____

Are you going to school this year? _____

Are there any subjects that we should avoid talking about with your child? _____

Thank you for taking the time to enter your child into this contest.

Please mail this form to: Nicki Bax, PO Box 74, Freeburg, MO 65035 (573) 301-6944