

**JUNIOR SHRIMP** (11-13 years old)

**TEEN SHRIMP** (14-16 years old)

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DO NOT WRITE IN THIS BOX

PAID AMOUNT: \_\_\_\_\_ BY: \_\_\_\_\_

CONTESTANT #: \_\_\_\_\_

PHOTOGENIC: \_\_\_\_\_

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CONTESTANT NAME: \_\_\_\_\_

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

ACCOMPLISHMENT MOST PROUD OF:

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FUTURE PLANS:

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HOBBIES:

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CLUBS & ORGANIZATIONS:

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3 WORDS YOUR BEST FRIEND WOULD USE TO DESCRIBE YOU & WHY:

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CONTESTANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

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

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

HOME PHONE: \_\_\_\_\_ YOUR CELL: \_\_\_\_\_

PARENTS/GUARDIAN: \_\_\_\_\_

PARENT'S CELL: \_\_\_\_\_

DOB: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

COLOR OF HAIR: \_\_\_\_\_ SPONSOR: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_  
\_\_\_\_\_

I read the **Delcambre Shrimp Festival Queen Agreement** and understand the terms of the contract prior to competing for this title.

\_\_\_\_\_  
Contestant Signature

\_\_\_\_\_  
Parent Signature