

MISS SHRIMP (17-23 YEARS OLD)

DO NOT WRITE IN THIS BOX

Paid Amount: \_\_\_\_\_ By: \_\_\_\_\_

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

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

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

HIGH SCHOOL: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_ MAJOR: \_\_\_\_\_  
(IF APPLICABLE)

ACCOMPLISHMENT MOST PROUD OF:

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FUTURE PLANS:

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HOBBIES:

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CLUBS AND ORGANIZATIONS:

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

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WHAT DOES THE DELCAMBRE SHRIMP FESTIVAL MEAN TO YOU:

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CONTESTANT NAME: \_\_\_\_\_ AGE (AS OF AUGUST 1): \_\_\_\_\_

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

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

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

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

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

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

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

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

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

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

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

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

**\*\*NOTE-JUDGES WILL GET A COPY OF YOUR FORMS. NOT EVERYTHING ON YOUR ENTRY FORM WILL BE ANNOUNCED FOR ON STAGE PRESENTATIONS.**