

DELCAMBRE SHRIMP QUEEN (17-23 YEARS OLD)

DO NOT WRITE IN THIS BOX

Paid Amount: _____ By: _____

CONTESTANT #: _____

PHOTOGENIC: _____

CONTESTANT NAME: _____

SCHOOL ATTENDING: _____

MAJOR: _____

(If applicable)

GRADUATE OF: _____

(If applicable)

ACCOMPLISHMENT MOST PROUD OF:

FUTURE PLANS:

HOBBIES:

CLUBS AND ORGANIZATIONS:

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

CONTESTANT NAME: _____ AGE (AS OF AUGUST 1): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ YOUR CELL: _____

PARENTS/GUARDIAN: _____

PARENT'S CELL: _____

DATE OF BIRTH: _____ HEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

SPONSOR: _____

MEDICAL PROBLEMS: _____

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