

MISS SHRIMP (17-23 YEARS OLD)
Must be 18 by December 31

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:

FUTURE PLANS:

HOBBIES:

CLUBS AND ORGANIZATIONS:

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

WHAT DOES THE DELCAMBRE SHRIMP FESTIVAL MEAN TO YOU:

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

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