

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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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.**