



Little Miss Winterville Pageant Contestant Application Sheet

Name: _____
(First) (Middle) (Last) (you prefer)

Age: _____ Birth Date _____

Address _____
(Street) (City) (State) (Zip)

Parents: _____
(please indicate first names. If either is deceased, please note. If they are divorced, kindly indicate how you prefer their names to be listed)

Home Phone: _____ Cell Phone _____

Parent's e-mail _____

School: _____

List Pets and Names: _____

What do you want to be when you grow up? _____

Favorite Movie _____

Favorite Television Show _____

Favorite Song _____

Favorite Color _____

Favorite After School Activity _____

Any special training (i.e., voice, dance, violin, etc.)

List any honors, awards, community involvement, school activities or other
comments: _____

*** Applications and Entry fees may be turned in on Oct 12th
between 6:30 and 8:00 (floating) at the Community Meeting Room
at the Winterville Police Department.
A head shot for the Pageant Program will also be taken that night.**