

JUNIOR SHRIMP (11-13 years old)

TEEN SHRIMP (14-16 years old)

DO NOT WRITE IN THIS BOX

PAID AMOUNT: _____ BY: _____

CONTESTANT #: _____

PHOTOGENIC: _____

CONTESTANT NAME: _____

SCHOOL ATTENDING: _____

ACCOMPLISHMENT MOST PROUD OF: _____

FUTURE PLANS: _____

HOBBIES: _____

CLUBS & ORGANIZATIONS: _____

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

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PAID AMOUNT: _____ BY: _____

CONTESTANT #: _____

PHOTOGENIC: _____

CONTESTANT NAME: _____ **AGE:** _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **YOUR CELL:** _____

PARENTS/GUARDIAN: _____

PARENT'S CELL: _____

DOB: _____ **HEIGHT:** _____ **COLOR OF EYES:** _____

COLOR OF HAIR: _____ **SPONSOR:** _____

MEDICAL PROBLEMS: _____

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

Contestant Signature

Parent Signature