

LITTLE SHRIMP (5-7 years old)

DEB SHRIMP (8-10 years old)

DO NOT WRITE IN THIS BOX

PAID AMOUNT: _____ BY: _____

CONTESTANT #: _____

PHOTOGENIC: _____

CONTESTANT NAME: _____

SCHOOL ATTENDING: _____

FAVORITES:

SUBJECT: _____ **TEACHER:** _____

COLOR: _____

SCHOOL ACHIEVEMENTS: _____

FAVORITE SUMMER ACTIVITY: _____

HOBBIES: _____

PARENTS/GUARDIAN: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **PARENT'S CELL:** _____

DOB: _____ **COLOR OF EYES:** _____ **COLOR OF HAIR:** _____

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