

**SENIOR SHRIMP QUEEN QUESTIONNAIRE** (18-23 years old)

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DO NOT WRITE IN THIS BOX

PAID AMOUNT: \_\_\_\_\_ BY: \_\_\_\_\_

**CONTESTANT #:** \_\_\_\_\_

**PHOTOGENIC:** \_\_\_\_\_

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**CONTESTANT NAME:** \_\_\_\_\_

**SCHOOL ATTENDING:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**GRADUATE OF:** \_\_\_\_\_

**FUTURE PLANS:** \_\_\_\_\_

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**HOBBIES:** \_\_\_\_\_

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**CLUBS & ORGANIZATIONS:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CONTESTANT #:** \_\_\_\_\_

**PHOTOGENIC:** \_\_\_\_\_

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**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:** \_\_\_\_\_

**EMPLOYMENT:** \_\_\_\_\_

**MEDICAL PROBLEMS:** \_\_\_\_\_

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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