

**LITTLE SHRIMP (6-8 YEARS OLD)**

**DEB SHRIMP (9-11 YEARS OLD)**

DO NOT WRITE IN THIS BOX

Paid Amount: \_\_\_\_\_ By: \_\_\_\_\_

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

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

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

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

FAVORITE SUBJECT: \_\_\_\_\_

FAVORITE TEACHER: \_\_\_\_\_

FAVORITE COLOR: \_\_\_\_\_

FAVORITE MOVIE: \_\_\_\_\_

SCHOOL ACHIEVEMENTS:

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FAVORITE SUMMER ACTIVITY:

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HOBBIES:

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FAVORITE SHRIMP DISH:

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CONTESTANT NAME: \_\_\_\_\_ AGE (AS OF AUGUST 1): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENTS/GUARDIAN: \_\_\_\_\_

PARENT'S CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

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.

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Contestant Signature

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Parent Signature

**\*\*NOTE-JUDGES WILL GET A COPY OF YOUR FORMS. NOT EVERYTHING ON YOUR ENTRY FORM WILL BE ANNOUNCED FOR ON STAGE PRESENTATIONS.**