

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:

FAVORITE SUMMER ACTIVITY:

HOBBIES:

FAVORITE SHRIMP DISH:

CONTESTANT NAME: _____ AGE (AS OF AUGUST 1): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

PARENTS/GUARDIAN: _____

PARENT’S CELL: _____

DATE OF BIRTH: _____ HEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

MEDICAL PROBLEMS: _____

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

Contestant Signature

Parent Signature

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