

Please fill out the Contestant Information

Supply us with a FINAL hard copy and also e-mail to calhouncountylvilfair@gmail.com .

CONTESTANT INFORMATION

CONTESTANT NUMBER: (you will receive this after the first practice)

NAME IN FULL:

Street Address:

City and Zip:

Phone:

Parents or legal guardian:

EDUCATION

High School Year/Graduation Date:

High School or College:

PERSONAL INFORMATION

Birth Date:

Age (at competition time):

Height:

Eye Color:

Hair Color:

Name of Sponsor:

E-mail Address:

COLLEGE AND CAREER PLANS:

EMPLOYMENT:

HOBBIES AND INTERESTS:

ACTIVITIES: (Limit to 8 lines)

SPECIAL HONORS: (Limit to 8 lines)