

Please enter information in the form below to process registration for event Little Apple

Dumpling Children's Pageant.

First name* _____

Last Name* _____

Address* _____

City* _____

State* _____

Zip* _____

Phone* _____

Email* _____

Age* _____

Hair Color* _____

Eye Color* _____

School _____

Parents' Names* _____

Sponsor Name (If applicable) _____

Height* _____

Sex* _____

Child's Presentation* _____

What is your child's favorite toy or activity?* _____

What is your child's favorite television show or movie?* _____

Who is your child's hero?* _____

What is your child's favorite food?* _____

What is your child's favorite color?* _____