

# Miss Salem Apple Butter Teen Queen Pageant Registration

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Name you prefer to be called \_\_\_\_\_

**Parents Names** \_\_\_\_\_

School Currently Attending or Previously Attended \_\_\_\_\_

Academic Year Completed \_\_\_\_\_ Field of Study \_\_\_\_\_

Special Training (Arts/Sports, etc.) \_\_\_\_\_

School and Community Activities \_\_\_\_\_

Hobbies and Special Interests \_\_\_\_\_

Honors and Awards Received \_\_\_\_\_

Three Favorite Activities Involving Family or Friends \_\_\_\_\_

Three Words That Best Describe You \_\_\_\_\_

What is Your Ambition for the Future \_\_\_\_\_

Comments \_\_\_\_\_