

Miss Salem Apple Butter Teen Pageant Registration

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Email _____ Age _____ Birthdate _____

Hair Color _____ Eye Color _____ Name you prefer to be called _____

Address (college) _____ Phone (college) _____

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 _____

Parents Names _____

Comments _____