

# Feast of the Flowering Moon Princess Pageant

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_

School: \_\_\_\_\_

Parents: \_\_\_\_\_

Siblings: \_\_\_\_\_

Pets: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Favorite cartoon: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite Singer: \_\_\_\_\_

What do you want to be when you grow up?

\_\_\_\_\_

Interesting facts about yourself? \_\_\_\_\_

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Check Appropriate age group below: (*Age as of May 13, 2017*)

\_\_\_ Baby Miss (ages 3-4)

\_\_\_ Petite Miss (ages 5-6)

\_\_\_ Little Miss (ages 7-8)

\_\_\_ Junior Miss (ages 9-11)

Return Application along with your \$15.00 Entry fee to:

**Feast of the Flowering Moon  
Princess Pageant  
PO Box 879  
Chillicothe, Ohio 45601**

Applications must be returned by **April 28, 2017 - NO EXCEPTIONS**

Parent Signature: \_\_\_\_\_