

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? _____

Check Appropriate age group below: (Age as of May 19, 2018)

___ 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 **May 5, 2018 - NO EXCEPTIONS**

Parent Signature: _____