



Strawberry Festival Beauty Pageant Registration Form

Category: Little Miss (5-8 yrs)____ Junior Miss (9-12 yrs)____ Teen Miss (13-17 yrs)____ Queen (18-24 yrs) ____

Full Name _____ *Date of birth _____

Address _____ Phone number _____

_____ Cell number _____

Parent's names _____

Hair color _____ Eye color _____

School _____ Grade _____

Favorite subject _____ Favorite color _____

Favorite actress/actor _____ Favorite singer _____

Favorite band/musician _____ Favorite song _____

Favorite TV show _____ Favorite food _____

The person you admire the most is _____ because _____

You want to be a _____ when you grow up.

List your hobbies/interest _____

List outside school activities/clubs _____

Other pageants you have won _____

For Teen Miss and Queen Contestants:

Who is your role model _____ and why _____

Volunteer/Community service activities _____

School awards _____

Other awards _____

High school/college name _____

Major/degree _____

Career goal _____

Special training (drama, arts, etc.) _____

Employment history _____

What makes you unique? _____

What is your greatest accomplishment? _____

Contestant's Signature _____ Date _____

Parent's Signature _____(if under 18) Date _____

Copy of birth certificate must be provided at rehearsal.