## SPARKLE AND SHINE CONTEST REGISTRATION FORM

DATE:
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## Any ages welcome to participate!

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY. THIS INFORMATION WILL BE ANNOUNCED AS GIVEN THE NIGHT OF THE EVENT.

NAME:	AGE:	
DAUGHTER OR SON OF:		
COLOR OF HAIR:	COLOR OF EYES:	
DATE OF BIRTH: Month / D		
PHONE NUMBER:		
Hobbies/Interests:		

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