SPARKLE AND SHINE CONTEST REGISTRATION FORM

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 / Day / Year	-
PHONE NUMBER:	
Hobbies/Interests:	

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