

# Summer's End Festival Queen

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

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name of Parents: \_\_\_\_\_

Parents' phone #: \_\_\_\_\_

Contestant's e-mail address: \_\_\_\_\_

Sports & Activities: \_\_\_\_\_

\_\_\_\_\_

Honors & Awards or Leadership roles: \_\_\_\_\_

\_\_\_\_\_

Hobbies & Talents: \_\_\_\_\_

FAVORITES: Singer: \_\_\_\_\_ Food: \_\_\_\_\_

Actor: \_\_\_\_\_ Movie: \_\_\_\_\_

Future Plans: \_\_\_\_\_

PLEASE RETURN TO THE SCHOOL OFFICE, TOWN HALL OR MAIL TO P.O. BOX 425 ROSSVILLE, IN 46065 BY JUNE 18<sup>TH</sup>. CONTACT LISA BROWN WITH QUESTIONS 765-652-0134. Contest 8/25/17