

Summer's End Festival Queen

Contestant Name: _____

Age 8/23/19: _____ Grade 8/23/19: _____ Phone #: _____

Address: _____

Name of Parents: _____

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 JULY 19TH.
CONTACT LISA BROWN WITH QUESTIONS 765-652-0134 or
lisajbrown@gmail.com.