

Summer's End Festival Queen

Contestant Name: _____

Age 8/22/20: _____ Grade 8/22/20: _____ 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 TOWN HALL OR MAIL TO:
P.O. BOX 425 ROSSVILLE, IN 46065
BY JULY 17TH. CONTACT LISA BROWN WITH QUESTIONS
765-652-0134 or lisajbrown@gmail.com.**