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Miss Northern Suburbs

PRINCESS CONTESTANT FACT SHEET

Please Type

PROFILE

NAME_____ DATE OF BIRTH _____

ADDRESS_____ PHONE_____

ALT. PHONE_____ SCHOOL & PHONE # _____

E-MAIL (TO SEND ALL CORRESPONDENCE) _____

T-SHIRT SIZE CHILD ○ XS ○ S ○ M ○ L ○ XL ADULT ○ XS ○ S ○ M ○ L ○XL

FAMILY

MOTHER'S NAME_____ ADDRESS_____

MOTHER'S HOME #_____ CELL #_____ OFFICE # _____

FATHER'S NAME_____ ADDRESS_____

FATHER'S HOME #_____ CELL #_____ OFFICE # _____

SIBLINGS NAMES & AGES _____

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY? _____

MEDICAL INFORMATION

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S TELEPHONE NUMBER (OFFICE) _____

LIST ANY ALLERGIES: (MEDICATIONS, FOODS, ETC.) _____

_____

_____

_____

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING AND WHY: _____

_____

_____

_____

INTRODUCTION STATEMENT

Introduction statement will be used to announce princess on stage. MC has the right to edit introduction for time constraints.

_____
_____
_____
_____

MEDIA INFORMATION

LOCAL NEWSPAPER OR RADIO STATION NAME_____

CONTACT PERSON _____ PHONE # _____

E-MAIL _____WEBSITE _____

LOCAL NEWSPAPER OR RADIO STATION NAME_____

CONTACT PERSON _____ PHONE # _____

E-MAIL _____WEBSITE _____

LOCAL NEWSPAPER OR RADIO STATION NAME_____

CONTACT PERSON _____ PHONE # _____

E-MAIL _____WEBSITE _____

There is a $300 entry fee to participate in the Miss Illinois Princess Program in which Miss Northern Suburbs is not responsible.

○ My daughter would like to participate in the Miss Illinois Princess Program
○ My daughter would NOT like to participate in the Miss Illinois Princess Program

I hereby acknowledge that I am complying by the rules and regulations of this pageant and all the facts contained herein on this Fact Sheet are true and accurate. I understand that my application fee is non-refundable for any reason nor is this application transferable.

_____ _____
Contestant Signature Parent's Signature

Eligibility approved by:

_____
Executive Director