

CANDIDATE INFO

Candidate Name _____

Address _____

City _____ Zip _____

Phone # _____

E-mail _____

Date of Birth _____ Age _____

Grade Level _____

Name of School _____

Parent/Guardian(s):

Name(s) _____

Parent/Guardian(s) Address (if different from above)

Home Phone _____

Work Phone _____

Emergency Contact:

Name(s) _____

Phone Number _____

Relationship _____

Are you a member of the Facebook group page "Canon City Blossom Pageant"?

Yes____ No____

SPONSOR INFO

Sponsor #1:

Business Name _____

Address _____

City/Zip _____

Phone # _____

Contact Name _____

Sponsor #2

Business Name _____

Address _____

City/Zip _____

Phone # _____

Contact Name _____