

Miss Fall Festival Of Leaves Scholarship Pageant Application

Name: _____

Address: _____

City, State ,Zip : _____

Phone /Cell: _____

Email: _____

Age/Birth Date: _____

School District: _____

Please indicate how parents should be listed:

Brief description of Current Activities and Interests:

In the past a dance and song routine has been performed the night of the pageant, YOU ARE NOT JUDGED ON THIS!! It is just for fun as a group performance. Please check your interest:

_____ Song _____ Dance _____ Neither

Applicants Signature: _____

Parent/Guardian Signature: _____

Please sign and enclose \$10 Entry Fee (Check or MO payable to Fall Festival of Leaves)

Return To: **Bobbi Blanton 10957 US 50 Bainbridge, Ohio 45612**

DEADLINE: FRIDAY SEPTEMBER 22,2017

Questions: Vicky @ 740-634-3241