

The Little Miss and Junior Miss Pageants

Registration Form

Participant's Name: _____ (for pageant program)

Age: _____ Date of Birth: _____

Address: _____

Home/Cell number: _____ Name of Contact: _____

Best time to call: _____ School: _____

Favorite Subject: _____

Church: _____

Interests & Hobbies: _____

Outside Activities: _____

How do you want the parent's names to appear in the pageant program?

Examples: daughter of Mr. and Mrs. John Doe

Daughter of John and Jane Doe or

Daughter of Mr. and Mrs. John Doe and Jane Doe

Parent's Names: _____

Grandparent's Names: _____

Sibling's Names: _____

Pet's (names and types):

Please return completed form to: Milton Harvest Festival, PO Box 105, Milton, Pa 17847