

Miss Teen Alexandria Fair

Entry Form

Name: _____ DOB: _____

Address: _____ State: _____ Zip Code: _____

Phone number: _____ County of Residence: _____

Parent's Name(s): _____ School: _____

Email: _____

Future Ambition: _____

Activities, clubs, etc.: _____

Hobbies: _____

Who is your idol and why: _____

Describe yourself in three words: _____

If one of your dreams could come true, what would it be? _____

Parents Signature _____