



2nd Annual Helping Hearts Fundraiser Pageant

Name: _____ Age: _____

Parents: _____ D.O.B: _____

Daytime Phone: _____ Evening Phone: _____

Address: _____

E-mail Address: _____

School/Occupation: _____ Grade: _____

Appearance

Hair Color: _____ Eye Color: _____

About You

Achievements: _____

Favorite Food: _____

Favorite Past Time: _____

What do you want to be when you grow up?

List three words that describe you:
