

JUNIOR KING & QUEEN PAGEANT OFFICIAL ENTRY FORM

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

PLEASE LIST SOME INTERESTING FACTS ABOUT YOUR CHILD:

PARENT'S SIGNATURE

DATE

RETURN TO: TOPSFIELD FAIR
P.O. BOX 134
TOPSFIELD, MA 01983
FAX 978-887-3016

QUESTIONS/CONCERNS:

CHAIRPERSON
Cathy (Muisse) Spell
catspe72@yahoo.com