

# 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:

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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