

LITTLE MISS LIBERTYVILLE PAGEANT APPLICATION

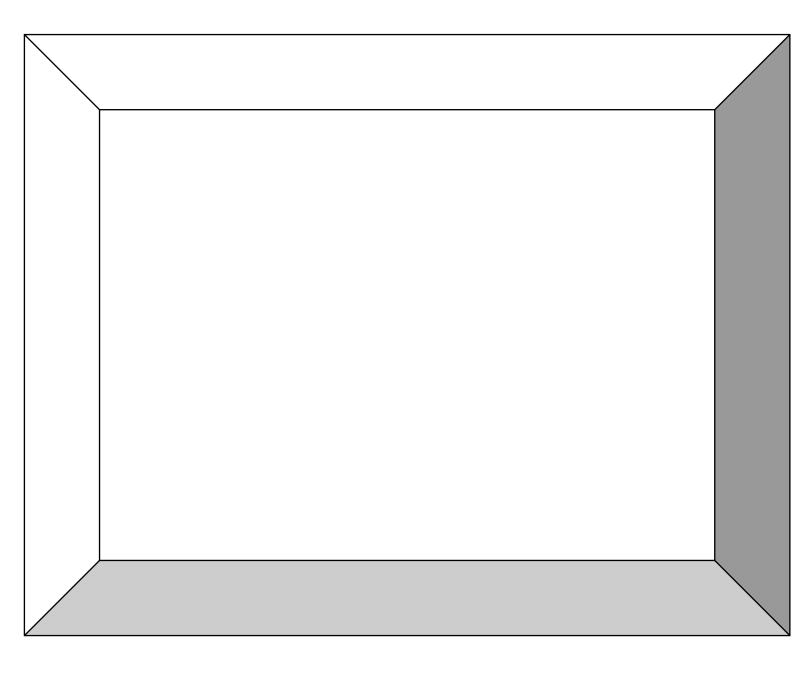
NAME			
AGE	DATE OF BIRTH_		
HEIGHT	EYE COLOR	HAIR COLOR	_
SCHOOL			_
GRADE YOU WILL BE	E NEXT SCHOOL YEAR_		_
PARENTS' NAMES			_
SIBLINGS' NAMES &	AGES		_
FAVORITES:			
FOOD		COLOR	_
CHARITY		SPORT	_
FLOWER		_BOOK	
MOVIE		SONG	
PAST-TIME		SCHOOL SUBJECT	
TV SHOW		ACTOR/ACTRESS	
MUSICAL GROUP		VACATION PLACE	
TELL US ABOUT YOUR MOST FUN EXPERIENCE			
DESCRIBE HOW YOU	J WOULD SPEND "THE F	PERFECT DAY".	



TELL US ABOUT YOUR FAVORITE TEACHER		
TELL US ABOUT YOUR FAMILY (PARENTS, GRANDPARENTS, SIBLINGS, ETC.). LIST ANYTHING THAT IS INTERESTING.		
LIST ANY ORGANIZATIONS OR SPORTS TO WHICH YOU BELONG, AWARDS YOU RECEIVED, CONTESTS YOU WON, AND ANYTHING YOU FEEL WAS A MAJOR ACCOMPLISHENT		
WHAT DO YOU LIKE TO DO WITH YOUR FRIENDS?		
DO YOU HAVE (OR WISH TO HAVE) ANY PETS?		
WHAT MAKES YOU REALLY HAPPY?		
WHERE IS YOUR FAVORITE PLACE IN LIBERTYVILLE?		
WHY DO YOU WANT TO BE LITTLE MISS LIBERTYVILLE?		
TELL US ANY ADDITIONAL INFORMATION THAT YOU FEEL MIGHT BE OF INTEREST:		



DRAW US A PICTURE OF WHAT MAKES YOU HAPPY:



TELL US ABOUT IT				



Little Miss Libertyville Pageant Application

I agree that I (participant) meet all the eligibility requirements to be a participant and agree to abide with all the rules set forth in the Official Rules and Information described in the section titled "Little Miss Libertyville Pageant Rules and Eligibility". I agree that if I am chosen as the Little Miss Libertyville I will serve as a Libertyville Ambassador and represent MainStreet Libertyville. Furthermore, I agree to and understand that if for any reason I cannot fulfill the expressed duties as described in the rules, violate any rule set forth, or conduct myself in a manner unbecoming of a queen and representative of Libertyville, I will immediately relinquish the title, crown, sash and all prizes awarded upon the direction of the Libertyville Pageant Director at which time the 1st runner up will then be eligible for the title.

PRINTED NAME:	
	(PARTICIPANT)
SIGNED:	DATE:
	(PARENT OR GUARDIAN)
ADDRESS:	
CITY:	STATE:ZIP:
TELEDIJONE.	
IELEYHUNE:	CELL:
E-MAIL ADDRESS: _	

SUBMIT YOUR COMPLETED APPLICATION ALONG WITH YOUR \$75.00 APPLICATION FEE TO:

LIBERTYVILLE PAGEANTS

C/O BUNNY OTREMBIAK

905 GARFIELD

LIBERTYVILLE, IL 60048

CHECKS PAYABLE TO "LIBERTYVILLE PAGEANTS"