



Little Miss Harrisburg
PAGEANT

Contestant's Name: _____ Contestant's Age: _____

Parent's Name: _____ Parent's Phone: _____

Parent's Address: _____

Parent's Email: _____

Contestant's Hair Color: _____ Contestant's Eye Color: _____

Contestant's School: _____ Contestant's Grade (Fall of 2019): _____

Contestant's Favorite Color: _____ Contestant's Favorite Food: _____

Contestant's Favorite Subject: _____

What do you want to be when you grow up? _____

Tell us something about you: _____

Shirt Size: XS S M L XL

