

MISS BELLE OF THE BALL

2013 Special Needs Pageant

Entree Form

Name : _____

Age as of October 1st 2013: _____

Grade and School attending: _____

Emergency Contact info: _____

Any Allergies: _____

Please Describe Disability or Special Needs: _____

Describe your family: _____

What are some of your hobbies: _____

Favorite Movie: _____

Favorite Food: _____

Favorite T.V. Show: _____

Favorite Color: _____

Do you volunteer anywhere or are you apart of any club?:

What is something you thought you would not be able to accomplish but can now do it with flying colors? _____

Anything else we should know about you? : _____

Would you like an Escort with you at all times during the pageant?

(If so, we will provide the Escort)

I agree that all the information provided is correct and that I will abide by all rules set by Tiara's Loving Children.

X _____

Parent Name and Phone Number:

Please send paperwork to

475 Hurville Crosskeys Road Washington Township, NJ 08080

Please send a photo for the program book to tlcnonprofit@gmail.com