

ACCA

ATHENS COMMUNITY COUNCIL ON AGING

Live well. Age well.



Contestant Entry Form

Ms. Senior Athens 2013 Pageant

Name: _____

Address: _____

Phone: _____ Home _____ Cell _____

Best time to reach? a.m./p.m. _____

Email: _____

Place of Birth: _____ Date of Birth: _____

Husbands Name: _____ No. of Children: _____

No. of Grandchildren: _____ No. of Great-Grandchildren: _____

Sponsored By (if applicable): _____

Interests, Hobbies, Affiliations: _____

Awards, citations, distinctions earned: _____

On a separate sheet, please write a short paragraph on why you would make an ideal spokeswoman in the Athens area for healthy aging and wellness. Please provide a photo.

Entry fee: \$25 (includes refreshments for you and your helper the day of the event.)

Please make checks payable to ACCA and mail to: c/o KaDee Holt
135 Hoyt Street
Athens, GA 30601