

Miss Kare For Kids 2012

Beauty Pageant

Registration Form

Age Division: _____

Miss Kare For Kids Registration Fee: \$40 _____
Additional Family Member: \$20 _____

Photogenic Picture Fee: \$ 5 _____
(Please include photo no larger than 8x10 b&w or color)

Total: _____ Amount Paid: _____

Please mail check, registration form, waiver and photo to: Miss Kare For Kids Pageant,
PO Box 211, Dawsonville, GA 30534. Make check payable to: Kare For Kids.

Name: _____

Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Parent's Name(s): _____

Hair Color: _____ Eye Color: _____

Favorite Color: _____ Favorite Food: _____

Hobbies & Interests: _____

School Attended: _____ Grade: _____

Favorite Subject in School: _____

When I Grow Up.... _____

Person I Most Admire: _____

Why: _____