Little Miss Viking Fest Contestant Application

NAME	÷		
ADDR	ESS:		
PHONI	E: BIRTH	DATE:	AGE:
SCHOOL:		GRADE:	
Please a	answer the following questions (on a se	eparate sheet of paper typ	oed):
Tell us	about your family about yourself why you would like to be Little Miss	Viking Fest	
REQUI	IREMENTS		
	 Applicant must be enrolled with in Applicant must be a resident of the Bangor, or attend school in the No Upon winning applicant agrees to available throughout her reign. 	ne North Kitsap Comr orth Kitsap Area.	•
Viking Corpora	ring this application, I agree to particip Fest events. I agree to hold harmless ation, or any committee member from Little Miss Viking Fest Pageant.	the Miss Viking Fest	t Pageant, Viking Fest
	Signature of Applicant		Date
	Signature of Parent or Guardian	. <u>—</u>	Date