

Fall Foliage Festival

Princess/Jr. Princess/Little Miss Pageant

(Please type or print neatly)

Date of birth: _____ Age: _____ (on July 1, 2025)

FULL NAME: _____

Name you go by: _____

Address: _____ City: _____

Email: _____ Phone number: _____

Mother's Name: _____ Father's Name: _____

School: _____ Current grade: (as of September 2025) _____

Active member of community organization(s): _____

Activities/Honors (School/Community): _____

What is your dream job? _____

Hobbies/Special Interests (Music, Sports, etc.): _____

What is your favorite part of the Fall Foliage Festival? _____

(Attach a separate sheet of paper if more space is needed)