

Feast of the Flowering Moon Baby Pageant Application

Please print neatly!

CONTESTANT NAME: _____

SEX: (circle one) Male Female Date of Birth: _____

PLEASE MARK THE CHILDS AGE THAT IT WILL BE ON THE DAY OF THE PAGEANT!

AGE: 2 mos. 3 mos. 4 mos. 5 mos. 6 mos. 7 mos. 8 mos.

9 mos. 10 mos. 11 mos. 12 mos. 13 mos. 14 mos. 15 mos.

16 mos. 17 mos. 18 mos. 19 mos. 20 mos. 21 mos. 22 mos. 23 mos.
24 mos. 25 mos. 26 mos. 26 mos. 27 mos. 28 mos. 29 mos. 30 mos.
31 mos. 32 mos. 33 mos. 34 mos. 35 mos.

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Parents Names: _____

Brothers &/or Sisters: _____

Parent or Guardian Signature: _____

Make check or money order payable to:

Feast of the Flowering Moon

Send applications & \$10.00 non-refundable entry fee to:

Julie Shoemaker

679 Clinton Road

Chillicothe, Ohio 45601

FEAST OF THE FLOWERING MOON USE ONLY!!

PAID: Yes No Check Cash Money order

