



Miss Apple Blossom Pageant Application

Name (As you want it listed in the program): _____

Daughter of: _____ Age: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-Mail Address: _____

Name of School: _____ Grade: _____

Hair Color: _____ Eye Color: _____ Height: _____

Special Interests and Hobbies: _____

Activities and organizations in which you participate: _____

Special Awards and Honors (Do not list previous crowns won): _____

Interesting Facts about You: _____

Goal or Ambition in Life: _____

Signature of Applicant: _____ Date: _____