



Registration Form

Child's Name _____
(Please list as you would like it in the program.)

Age _____ Date of Birth _____ Nickname _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Address _____

E-mail Address _____

If you are a friend or relative of a Miss VT or Miss VT Outstanding Teen Contestant and would like to request her for your child's mentor, please list her name here.

Please send this form along with \$150 participation fee to reserve your spot in the Miss Vermont Princess Program. Make checks payable to Miss Vermont Scholarship Organization.

Mail to: Nikki Juvan
 Miss VT Princess Program Coordinator
 21 Brookside Drive
 Middlebury, VT 05753

For questions, please contact Nikki Juvan at princessprogram@missvermont.org.