

**Miss Vermont Scholarship Organization, Inc. Princess Program**  
**Registration Form**



Child's Name: \_\_\_\_\_  
(Please list name as you would like it to appear in the MVSO program.)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nickname / Preferred Name: \_\_\_\_\_

Guardian's Name / Relation: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Form of Communication:

- E-mail
- Phone Call
- Text Message
- Facebook Message

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

\_\_\_\_\_

Do you have a preference of your Princess being paired with an Outstanding Teen versus Miss mentor (\*Princesses ages 11 and 12 will be placed with a Miss mentor due to being close in age to Outstanding Teen Contestants\*)?

- Miss Contestant
- Teen Contestant
- No Preference

**About Your Princess**

Favorite Color: \_\_\_\_\_

Favorite Princess: \_\_\_\_\_

Favorite Animal: \_\_\_\_\_

Hobbies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Please send this form along with \$250 (\$200 for returning Princesses) participation fee to reserve your spot in the MVSO Princess Program. Please make checks payable to: Miss Vermont Scholarship Organization, Inc.

Mail to: Miss Vermont Scholarship Organization, Inc.  
Attn: Ashley Bourdeau - Princess Program Coordinator  
PO Box 8422  
Essex, VT 05451

**Please contact Ashley Bourdeau if you have any questions at:**  
[princessprogrammvs@gmail.com](mailto:princessprogrammvs@gmail.com).