

APPLICATION for
LITTLE MISS/MISTER ANDOVER TOWNSHIP CONTEST
(4 to 7 years of age)

CHILD'S NAME _____ AGE _____
ADDRESS _____ PHONE NO. _____

PARENTS' NAME _____

WHAT DO YOU LIKE TO DO MOST? _____

DO YOU HAVE TO DO CHORES AT HOME? _____

IF YOU DO, WHAT ARE THEY? _____

WHAT DO YOU WANT TO BE WHEN YOU GROW UP? _____

IF YOU HAD ONE WISH, WHAT WOULD YOU WISH FOR? _____

WHY DO YOU WANT TO BE LITTLE MISS/MISTER ANDOVER TOWNSHIP? _____

FAVORITE: COLOR _____ PET _____
TV CHARACTER _____ FOOD _____

PARENT SIGNATURE _____ DATE _____
Email: _____ Phone No. _____

Return form to:
Recreation Dept, Andover Twp Municipal Bldg, 134 Newton Sparta Rd, Newton, NJ 07860
or email the form to rhattersley@andovertwp.org