

CONTESTANT APPLICATION FOR

Please Check One: Little MISS Little MISTER

ANDOVER TOWNSHIP (4 to 7 years of age)

CHILD'S NAME _____ AGE _____

ADDRESS _____ PHONE NO. _____

PARENTS' NAME _____

WHAT DO YOU LIKE TO DO MOST? _____

WHAT CHORES ARE YOU RESPONSIBLE FOR AT HOME? _____

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. _____

Your signature here is also authorization that we can photograph and post pictures of your child on the township Facebook pages and provide them to the local newspaper.

Return form to:

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