

2020 Miss Sweet Sixteen Biography Form

Date of Birth \_\_\_\_\_

Name (How you would like it to be announced and published in the paper or Facebook.)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home & cell) \_\_\_\_\_

Email \_\_\_\_\_

Name of Parents (How you would like them to be announced and published in the paper or Facebook.)

School Activities \_\_\_\_\_

Community Activities \_\_\_\_\_

(Examples include: youth group, volunteer work, 4-H, etc.)

Name of escort and his parents as to be announced \_\_\_\_\_

Please bring this signed completed form and your picture for the paper to the library by Monday, August 24, 2020 along with 2 decorated containers.

If you have questions you may contact Nicole Vlcek at 913-687-9614.

Our email is friendsofthelibraryfoundation@gmail.com

We/I hereby give permission for \_\_\_\_\_ to participate in the Sweet 16 Contest.  
I also give permission for this information to be announced at the contest, be in the newspaper, and be on Facebook.

Parent/Guardian signature: \_\_\_\_\_

I agree to the rules of the Friends of the Library Foundation's Miss Sweet 16 Contest

Signature: \_\_\_\_\_