

## 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.)

**Please bring this signed completed form and your picture page of yourself to the library by August 23, 2021.**

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

Our email is: [friendsofthelibraryfoundation@gmail.com](mailto: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, in the newspaper, on Facebook, and the library's website.

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

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

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