



Jr. Miss Coalinga Contest
Coalinga Area Chamber of Commerce
2012 Annual Horned Toad Derby Candidate Form
Open to Ages 5-12

NAME _____ **DATE** _____
Please Print

ADDRESS _____

CITY _____ **TELEPHONE** _____

SCHOOL _____ **DATE OF BIRTH** _____ **AGE** _____

SCHOOL ID # _____

INTERESTS / HOBBIES _____

CLUBS/ORGANIZATIONS _____

EDUCATIONAL GOALS _____

PARENT PLEASE READ AND SIGN:

I will be responsible for the BBQ tickets and any money received from my ticket sales. Init _____

I understand that I must return all ticket money before I take out more tickets. Init _____

Signed _____

Guardian's Signature _____ **Phone** _____

Address _____ **Cell Phone** _____

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