

# 2011 Little Mr. Applebud/Little Miss Appleblossom Application

Must be a Columbiana County Resident

Please print clearly or type

Contestant Name \_\_\_\_\_

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

Mark Category of Competition \_\_\_\_\_ Miss Appleblossom \_\_\_\_\_ Mr Applebud

Contestant's address \_\_\_\_\_

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

Area Code & Phone Number \_\_\_\_\_

Area Code & Cell Phone \_\_\_\_\_

E Mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

I have read and agree to the terms of the Little Mr. Applebud/Little Appleblossom  
Parent's Contract.

Parent's Signature \_\_\_\_\_

Mail complete application with a copy (not original) of birth or hospital certificate.

Lisbon Area Chamber of Commerce

120 N. Market St.

Lisbon, Oh 44432

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