
WHY MY LOVED ONE OR FRIEND SHOULD WIN A MAKEOVER

SUBMITTED BY: _____

Are you a patient of Monarch? _____ yes _____ no

CONTACT INFO.: phone _____ email _____

NAME OF CANDIDATE: _____

Candidate must not be a current patient at Monarch. If your candidate wins, and you are a current patient of record, you will receive a special gift for entering them.

CANDIDATE CONTACT: phone _____ email _____

Address: _____

AGE OF CANDIDATE: _____

CLOTHES SIZE OF CANDIDATE: _____ top _____ bottom

WHY SHOULD THE CANDIDATE BE CONSIDERED FOR MONARCH'S \$5,000 MAKEOVER?:

OTHER THINGS ABOUT THE CANDIDATE THAT YOU'D LIKE US TO KNOW:

*if more space is needed, please submit additional sheet. * \$5,000 Monarch Makeover Giveaway and other sponsors will provide gifts & services etc.