

SALTY CATCH

BIKINI CONTEST ENTRY FORM

PLEASE PRINT CLEARLY

NAME : _____ DATE OF BIRTH : _____ AGE : _____

EMAIL : _____ PHONE : _____

ADDRESS : _____ CITY, STATE, ZIP : _____

HIGH SCHOOL : _____ EMPLOYER : _____

COLLEGE : _____ DEGREE : _____

TELL US SOMETHING INTERESTING ABOUT YOURSELF.

WHAT DO YOU ENJOY DOING ... OR HOBBIES?

FAVORITE FISH?

WHAT IS YOUR SPECIAL TALENT?

ANYTHING ELSE YOU WANT TO SHARE?

PLEASE SUBMIT A PICTURE WITH THIS ENTRY FORM TO CRYSTALLAFOSSE@GMAIL.COM.

NAME : _____ SIGNATURE : _____ DATE : _____