



MissThunder Over Waters 2016 Pageant Application

Name _____ Age _____

Parents Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

School you will attend this Fall & Grade _____

Favorite Color _____

Favorite Food _____

Favorite Book _____

Favorite Movie _____

Mail completed forms to:

Pageant Chairman, P.O. Box 335 Waters, MI 49797