



## 2009 MAWHC Queens Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone # \_\_\_\_\_

Birth date \_\_\_\_\_

Signature of contestant \_\_\_\_\_

Parent signature if under 18 \_\_\_\_\_

Application due by August 1, 2009

Mail to: MAWHC

C/O Terri Tripp Novotny

71110 8<sup>th</sup> Ave

South Haven, Mi. 49090

