

2010 Miss TEEN Ontario EAST Application Form



Promoting Awareness of Childhood Cancer

NAME			
ADDRESS	<hr/> <hr/> <hr/> <hr/>		
TELEPHONE	Home	(613)	<hr/>
	Cellphone	(613)	<hr/>
E-MAIL ADDRESS	<hr/> <hr/>		
PARENT/GUARDIAN NAME	<hr/>		
SIGNATURE	<hr/> <hr/> <hr/>		
AGE	<hr/>		
BIRTHDAY	DAY:	MONTH:	YEAR:
CURRENT GRADE LEVEL	<hr/>		
SPONSOR NAME	<hr/>		
SPONSOR Contact	<hr/>		
SPONSOR Address	<hr/> <hr/> <hr/>		

2010 TEEN ONTARIO EAST DELEGATE APPLICATION

NAME: _____

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TALENT	
INTERESTS	
SPECIAL ACHIEVEMENTS	
What do you like for Breakfast?	
Favourite Food	
Favourite Music Artist	
Hobbies	
Favourite Colour	
Favourite Movie	

Please submit your application form on line at www.missteenontarioeast.com or mail to **Teen Ontario East Headquarters, 209 Plaunt Street South, Renfrew, ON K7V 1M7**. A complete Delegate's Package will be forwarded to you upon receipt of your Registration form.

DELEGATE REFERRAL: Were you referred by a Delegate? **Y N** (circle one)

If you have answered **YES**, please provide the **NAME** of DELEGATE who Referred you:
