



SWD BABY CONTESTANT ENTRY FORM



PLEASE PRINT

First Name _____ Last Name _____

Age as of January 30, 2019 _____

Address _____

City _____

Parent's Name _____

Main phone # _____

Email address _____

PLEASE PRINT

Contestant # _____ is _____

First Middle Last

She/he is the daughter/son of _____

Hair color _____ Eye color _____

_____ likes to _____

Name

and her/his favorite food is _____

_____ is representing _____

Name

Church

and Rev. _____ is her/his pastor.