



Horned Toad Derby Queen Contest
Coalinga Chamber of Commerce
2018 Annual Horned Toad Derby Candidate Form
 Open to Ages 14 and up

NAME _____ **DATE** _____

Please Print

ADDRESS _____

CITY _____ **TELEPHONE** _____

SCHOOL (YEAR) _____ **DATE OF BIRTH** _____ **AGE** _____

Favorite Color: _____ **Favorite food:** _____

Favorite Book: _____ **Favorite Movie:** _____

CLUBS/ORGANIZATIONS _____

EDUCATIONAL GOALS: _____

Favorite Super Hero: _____

I will be responsible for the Discount Ticket Vouchers and any money received from my vouchers sales. Init_____

I understand that I must return all voucher money before I take out more vouchers. Init_____

I understand that I must sell **50 Discount Ticket Vouchers** to be eligible for the title of Miss Coalinga. Init_____

Signed _____

Guardian's Signature _____ **Phone** _____

(Under 18 Years of age)

Coalinga Chamber of Commerce
 265 Elm Avenue - Coalinga, CA 93210
 Fax: 559-935-1458
 559-935-2948 email: exec@coalingachamber.com

