

Ms. Senior Coosa Valley Fair
2018

Name: _____

Address: _____

Phone: _____ Work/Cell: _____

Date of Birth: _____

Sponsoring Group: (What group or agency do you represent?)

Number of children and/or grandchildren: _____

Philosophy of Life: _____

Hobbies and Special Interests: _____

Other Interesting facts about Yourself: _____

Why would you like to be Ms Senior Coosa Valley Fair ? _____

Talent: (What talent will you perform?): _____

Contestant or Agency Signature; _____

: _____

Date: _____

Deadline for **receipt** of application October 2, 2018 Send to P.O. Box 2366,
Rome Georgia 30164-2366 or deliver to Senior Adult Center, Kingston Rd..For
more information call: Wanda Whitten, 706-235-0665. Or email to
wanda.whitten@hcahealthcare.com
