



MISS LASSEN COUNTY SCHOLARSHIP PROGRAM



OFFICIAL REGISTRATION FORM

Must be returned to the Fair Office by **FRIDAY, May 24, 2024.**

Participant's Name: _____

Permanent Address: _____

City: _____ Zip: _____

Phone: _____

How long has participant resided in Lassen County? _____

Date of Birth: _____

Parents' Names: _____

Parents' Phone Number(s): _____

Talent to be performed for Stage Arts: _____

Name of song, if applicable: _____

Participant's Sponsor(s):

1. _____

Sponsor Contact: _____ Phone #: _____

2. _____

Sponsor Contact: _____ Phone #: _____